

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **29 January 2025, 2 pm – 4.30 pm** in the Boardroom, Carseview House, Stirling, and hybrid via MS Teams

Please notify apologies for absence to:
fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

1. Welcome and Apologies
2. Notification of Substitutes
3. Declaration(s) of Interest
4. Draft Minute of the Integration Joint Board meeting held on 20 November 2024
5. Action Log
6. Chief Officer Update Verbal

For Decision without Direction

- | | | |
|-----|--|----------------|
| 7. | 2025/26 IJB Draft Business Case | Ewan Murray |
| 8. | Commissioning Change to the Model of Care for Older Adults Long Term Provision | Paul Cameron |
| 9. | Inspection Report and Improvement Plan | Wendy Forrest |
| 10. | Financial Report | Ewan Murray |
| 11. | Ministerial Strategic Group Review | Wendy Forrest |
| 12. | Strategic Risk Register | Ewan Murray |
| 13. | Review of Meetings | Lesley Fulford |
| 14. | Membership of IJB and Committee | Lesley Fulford |

For Consideration and Assurance

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| 15. | NHS FV Clinical Governance Arrangements - update | Ashley Calvert |
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| 16. | Chief Social Work Officer Annual Report Stirling Council | Jennifer Rezendes |
| 17. | Chief Social Work Officer Annual Report Clackmannanshire Council | Sharon Robertson |
| 18. | Local Outcomes Improvement Plan Clackmannanshire Council | Wendy Forrest |

For Noting

19. Minutes
- a. Strategic Planning Group - 2024.10.23
 - b. Audit & Risk Committee - 2024.09.18
 - c. Audit & Risk Committee - 2024.12.04

Date of next meeting

26 March 2025

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
20 November 2024

For Approval

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| Approved for Submission by | David Williams, Interim Chief Officer |
| Paper presented by | N/A |
| Author | Sandra Comrie, PA |
| Exempt Report | No |

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 20 November 2024, The Boardroom, Carseview House, Stirling

PRESENT

Voting Members

Councillor David Wilson (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley

Non-Voting Members

David Williams, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Robert Clark, Employee Director, NHS Forth Valley
Michael Grassom, Interim Chief Social Work Officer, Stirling Council
Kevin McIntyre, Union Representative, Clackmannanshire

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Julie Morrison, Union Representative, Stirling
John Stuart, Non-Executive Board Member, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Lorraine Robertson, Chief Nurse HSCP

Narek Bido Third Sector Representative, Clackmannanshire
Mike Evans, Localities representative
Paul Morris, Carers Representative, Clackmannanshire
Helen Duncan, Third Sector Representative, Stirling
Wendy Forrest, Head of Strategic Planning and Health Improvement

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

Councillor David Wilson (Chair) noted a declaration of interest in relation to agenda item 7, it was agreed that Mr Rennie (Vice Chair) would Chair this item.

4. DRAFT MINUTE OF MEETING HELD ON 02 October 2024

The draft minute of the meeting held on 02 October 2024, was approved, with the following amendments:

Item 4. The draft Minute of Meeting held on 7th August 2024 omitted a decision, suggested by Mr Fairbairn, to delete the sentence at the end of 15.2 of the Standing Orders “if said member does not leave the meeting the meeting must be suspended by the Chair”.

Item 18. Clinical and Professional Care Governance Update, amend sentence to read “Mr Fairbairn suggested “light touch” be reworded and he proposed that paragraph 3.1 in the papers be specifically noted in the minute as an expectation of the Board of the IJB”

5. ACTION LOG

The action log was approved.

6. CHIEF OFFICER UPDATE

Mr Williams provided a verbal update to the IJB.

Mr Williams introduced the newly appointed Interim Chief Officer, Joanna MacDonald, who commences her role on 16th December 2024. Mr Williams will be working with Ms MacDonald to produce a detailed handover.

The joint inspection of Adult Health and Social care Integration is now complete, and the final report will be published on Tuesday 26th November 2024. A link to view the report will be available. Mr Williams confirmed the improvement plan is

required to be completed and submitted by 28th January 2025 and that the steering group will continue to meet and oversee the production of this. The report and improvement plan will be considered at the Budget Seminar on 18th December 2024. The Chief Executives of Forth Valley Health Board, Clackmannanshire Council and Stirling Council will meet with Ms MacDonald in early January to consider the draft improvement plan and discuss their views and consideration and make amendments prior to submission. Arrangements are being put in place to arrange a suitable date next year for everyone to receive the full report with the finalised improvement plan, thereafter the focus will be on delivering this, and it will be brought to the IJB on 29th January 2025.

Mr Williams acknowledged the briefing note which was sent out regarding The Whins Learning Disability Day Centre in Alloa. As this is an operational issue, he advised that work is progressing, collaboratively with Clackmannanshire Council, to address the requirements identified by the Care Inspectorate.

In relation to the National Care Service, Scottish Government announced last week that stage 2 of the bill will be deferred into the new year.

Mr Williams explained that there were four papers on the agenda for Decision with Direction, which need to be addressed separately but they are all intrinsically linked due to the IJB's statutory responsibility to deliver the nine national health and wellbeing outcomes which are set out in the legislation. He highlighted the importance of ensuring that the IJB is making best use of resources available and have an engaged workforce to ensure the delivery of better performance and outcomes for people with health and social care needs. The papers align to the 10-year Strategic Commissioning Plan which seek to ensure services are needs led and resource bound.

7. COMMISSIONING A CHANGE TO THE MODEL OF LONG TERM CARE FOR OLDER ADULTS

The IJB considered the paper presented by David Williams, Interim Chief Officer

Due to a conflict-of-interest Councillor David Wilson (Chair) left the meeting and Mr Rennie (Vice Chair) took over as Chair.

Mr Rennie was advised of two deputations:

- Ms Bridle, Chief Executive, Clackmannanshire Council
- Mr McIntyre, Union Representative, Clackmannanshire.

Mr Williams explained the direction of travel for provision of health and social care to older people across Scotland with assessed care needs, has been to support people in their own homes for as long as possible through the provision of primarily care at home support. It is, therefore, recognised that individuals who may previously have been placed in long term mainstream residential care facilities would no longer require this form of care. However, there is also recognition that not everyone is able to maintain living within their own homes even with significant levels of support made available. This is because of the complexity of their needs

and in recognition of those needs care can normally only be provided for within a long-term nursing care environment.

Mr Williams explained that this approach has been fully in place in Stirling Council for several years, but in Clackmannanshire this direction of travel was being diluted by the ongoing provision of long-term care for a small number of individuals within Menstrie Care Home, a mainstream residential care home. As a result, the IJB is unable to progress a 'once for Clackmannanshire and Stirling' approach for the population which it has a statutory duty to strategically plan for and commission the provision of services from the respective Councils.

The paper recommended that the IJB no longer commission the delivery of mainstream residential care services from Clackmannanshire Council to ensure a once for Clackmannanshire and Stirling approach. Mr Williams explained that the national trend of supporting people in their own homes has moved ahead but there hasn't been a specific Direction brought to the IJB to this effect. Mr Williams explained that the consequence of this was that Clackmannanshire Council, through the HSCP, has continued to manage the care home at Menstrie House and in order to address this discrepancy, there is now a need for Direction to confirm the policy direction. He highlighted the importance of IJB members being aware of the impact of the recommendation and the impact of the decision if taken, namely that from the 1st April 2025 funding to provide mainstream residential care provision would no longer be available. The paper also set out some of the consequences and responsibilities which operationally would be required to be followed through on, not least of which would be the expectations that Trade Unions, Clackmannanshire Council and staff would have in relation to addressing their rights and also those of the 14 residents in terms of the need to review all of their individual care requirements and making suitable continuing nursing care arrangements for them.

Mr Williams confirmed he met with trade union colleagues, staff and family members on 15th November 2024 and an accurate summary of the responses was appended to the paper. Concerns were raised by those he met about a lack of consultation and engagement. Mr Williams explained that it was a briefing only as no decision had been made by the IJB. Suggestions were made as to whether Menstrie House could be a nursing home facility, Mr Williams advised that in his opinion, the Care Inspectorate would not simply reregister the existing service without considerable infrastructure and capital expenditure. He confirmed that central to this change, if the IJB agrees the recommendations, there will be the need for individual reviews for all the current residents and the provision of alternative and continuing care arrangements that will fully meet ongoing care needs. Moreover, engagement and consultation with staff and their respective Trade Unions will be required to be undertaken to ensure that the employer's responsibilities are able to be fully met in such circumstances.

Mr Williams wanted to note that he had expected the residents to be invited to attend the meeting on 15th November 2024 as three of them were reported to have capacity to make decisions for themselves. Due to an oversight, they had not been invited. At the meeting concerned family members took the decision not to update any of the residents until a decision was made.

Mr Rennie invited Nikki Bridle to present her deputation on behalf of Clackmannanshire Council.

Ms Bridle explained that Clackmannanshire Council fully supported integration and delegated both budgets and operations early in the HSCP's development, and that integration if implemented effectively has considerable potential to deliver better integrated services designed around the needs of users. The IJB and HSCP had experienced challenges in the past, and Clackmannanshire Council, as a partner, remained committed to delivering on the potential of integration for the residents and service users in Clackmannanshire, supporting new models and approaches to secure improvements.

Menstrie House and the implementation of integration have been in consideration for several years. Ms Bridle has been clear of the need to manage any proposals and transitions sensitively and supportively for both service users and staff. A paper to review arrangements was considered two years ago which she viewed as the start of a process but indicated that this work was not progressed.

Ms Bridle stated that the councils expectation is that any decision including the Direction are clear and transparent on the impact to service users. Future costs and the impact on the workforce need to be clearly understood. In terms of good governance, it was her view that alternative models needed to be understood prior to any decisions being made otherwise partners do not feel that they are part of the consultation. She did not believe this has been the approach to date.

Ms Bridle advised that earlier this year Mr Williams raised the intention to bring forward proposals for Menstrie House. Advice was provided on the due diligence requirement to secure a Council decision, consequently there were two significant political engagements with senior elected members, both of which she felt were constructive and recognised the need for the review and the options to be progressed. As a partner, Clackmannanshire Council believed they were engaged in a process and as no proposals, impacts, risks models or options were discussed at this time they believed that these would be brought forward and developed as the process continued. Ms Bridle felt this belief was curtailed by the paper being presented, and the lack of clear proposals and consultation had provided uncertainty for residents and staff. She explained that the Council may have views on how Menstrie House could be used, one option being the potential for a nursing home facility.

Ms Bridle concluded that the Council do not believe that the implementation date of 31st March 2025 is realistic as there were no options under discussion. She was concerned about the timing due to the appointment of the new Interim Chief Officer, winter pressures and budget planning. There was also a need to consider the availability of key officers to progress this work over the festive period.

Ms Bridle thanked the Board for their time and attention and summarised the Councils deputation as follows:

- Clackmannanshire Council remains committed to integration and the pursuit of new models of care and service delivery.
- Clackmannanshire Council is fully aware of the challenging context the Board is operating within and the very difficult decisions it's facing.
- Clackmannanshire Council remains open to looking at the future model of long-term care and Menstrie House, they believe good governance is better discharged by ensuring that the Board is aware of the impacts and implications for service users, families and staff as well as the financial impacts.
- Clackmannanshire Council is keen that a proper business case is developed setting out the options available and this is consulted on with key stakeholders in line with the proper protocols and policies.
- Senior elected members of Clackmannanshire Council have asked Ms Bridle to request that the Board defers the recommendation to issue the Direction today to allow for further work to be completed in line with the timescale agreed by the new Interim Chief Officer before bringing the proposal back to a future IJB for Direction.

Mr Rennie invited Mr McIntyre, Union Representative, Clackmannanshire to present his deputation on behalf of trade unions involved.

Mr McIntyre accepted that the direction of travel was to provide more care to people in their own home, but he had some concerns about the proposal which needed more consideration, and therefore asked that IJB members vote against implementing the decision.

He explained there was a lack of detail of what the closure of Menstrie House would look like for all parties involved. There was no solid proposal on what would be replacing the service or what this would mean for current residents, future service users or staff members. He accepted that service users will want care at home but there needs to be consideration for those who will still require residential care. Clackmannanshire has an aging population with an increased need for care services and Mr McIntyre was concerned that if the Direction was agreed a local service may be closed rather than looking at ways to improve it to meet the needs for the future, or with a nursing element to it.

Without Menstrie House the service would need to be provided by other care providers and if residents are moved to new locations, it could make visitation hard for families. Mr McIntyre highlighted that that care providers were struggling with rising costs, including increasing employers National Insurance contributions, and there were questions over the viability of the sector. In addition, staff were not clear of the intent to ensure they still have jobs as these currently do not exist elsewhere and would require agreement by Clackmannanshire Council. Domestic staff would need to be redeployed, and some fixed term domestic staff employed by Clackmannanshire Council may face losing their jobs.

Mr McIntyre felt that the proposal lacked detail, with unrealistic timescales. He asked the IJB to consider potential options for delivering this service before making the decision to close the facility. It was important to allow time for employers and Trade Unions to consult on detailed proposals to find a way forward rather than

forcing the issue with a hasty decision which is likely to be unpopular. The process felt rushed, and the timing of the paper being made available did not allow Trade Unions to discuss implications. All parties had concerns about the timing from the proposal to the decision for the change to take effect. Mr McIntyre asked to see future communications for staff and asked the IJB to take this information into consideration.

Councillor Rennie asked the following questions:

- Does the Board now ignore the consultation process.
- As no business case had taken place and Mr Williams mentioned that other IJB areas didn't have this process in place due to Directions, how many of these decisions were made by local authorities rather than IJB.
- When did the Board make the decision that there was no funding available.
- What business case/independent assessment was done to conclude that the care home was not ready to be used as a different facility.

Finally, she questioned whether it was the right time to move forward with this, as it was close to the festive period and with a new interim Chief Officer starting at a difficult time.

Mr Williams stated that the IJB was not being asked to make a decision to close Menstrie House, its closure would be the consequence of a strategic decision by the IJB and managing the closure would be an operational matter.

There was a clear expectation to come back to the IJB with a clear proposal about new models of care followed up with engagement and consultation. Mr Williams explained that the model of care is known, which is to support people at home and for the smaller number who can't be supported at home they will go into residential nursing care

In response to Councillor Rennie's question Mr Williams confirmed that the IJB does not ignore consultation. In relation to item 8, there was a clear expectation to come back to the IJB with a clear proposal about new models of care followed up with engagement and consultation. In relation to item 9 there had been months of engagement across Forth Valley to get an understanding of the improvement people want to see in relation to the provision, which will also come back to the IJB to enable a plan to be developed. He explained that the model of care in item 7 is known, which is to support people at home and for the smaller number who can't be supported at home they will go into nursing care.

Mr Williams explained that, over the last few years, several care homes have been closed as a result of commissioning decisions made by IJBs across Scotland.

The development of a business case to replace or convert Menstrie House would require engagement and consultation with a range of stakeholders, Mr Williams explained it was important to consider how much would be required before an IJB decision is made. He stated Menstrie House currently utilises almost 10% of Clackmannanshire Council's allocation to the IJB to provide the care for 14 people. He confirmed there is funding available but there is no specific Direction determining how the funding should be used.

Councillor Hamilton requested a motion to amend recommendation 2 & 3 in the paper, she asked that they are deleted and replaced with her amended wording the text of which was:

“Complete a thorough process which sets out viable options for future of Menstrie which are fully costed and have realistic timelines which takes into account the need for full consultation and engagement with all key stakeholders and service users/families/staff/trade unions and constituent partners in the Health and Social Care Partnership.

Once completed this work is presented to the meeting of the Board on 29th January 2025 for Decision.”

Contributions were made by many of the members of the IJB which echoed the concerns noted by Ms Bridle, Mr McIntyre and Councillors Rennie and Hamilton about lack of consultation with residents, families, employees and other stakeholders, an unrealistic timetable, lack of financial detail and lack of clarity on alternatives.

Mr Fairbairn suggested that it would be useful to calculate the broad indicative impact of expenditure for 2025/26 and for future years, so the Board are aware of what the main movement of expenditure is going to be so that they can try and avoid any unintended consequences financially or manage this in some way. He appreciated the risks were listed in the paper but suggested it would be useful to see a fuller description of how the main risks are mitigated.

Although difficult, Mr Fairbairn recognised the need for the paper to be brought to the IJB and thanked Mr Williams for commencing the work. He acknowledged that the key strategic drivers were about a shift of choice and maximising the steps to enable people to remain in their homes for as long as possible and agreed that the principle of the paper was accurate. He would like to see the policy dimension being clearly referenced in the paper and recognised that the consultation process was the role of the local authority, which should be properly conducted and managed. He suggested that it would be useful to calculate the broad indicative impact of expenditure for 2025/26 and for future years, so the Board are aware of what the main movement of expenditure is going to be so that they can try and avoid any unintended consequences financially or manage this in some way. He appreciated the risks were listed in the paper but suggested it would be useful to see a fuller description of how the main risks are mitigated. The policy needs to be well founded, understood and referenced. It should have more substantial assurance about appropriate consultation, financial impact and risk management. He confirmed he would be comfortable to agree to the proposed Direction with Councillor Hamilton’s amendments if a specific meeting date was added.

Mr Williams wanted to be clear that there has not been any suggestion about people losing jobs, and that he understands the concerns about the impact on the community. He explained that residents could not be reassessed in the meantime without good reason or without them requesting a review as it would set an expectation that something would happen as a consequence of it. Finally, he

confirmed that there needs to be a clear understanding of strategic and operational responsibilities and that these need to be managed separately. He set out that operational responsibility is about dealing with the decisions that a strategic body makes.

In summing up, Mr Rennie said there was a clear consensus from IJB Board members that there were fundamental issues over lack of consultation and understanding the costs and alternative models, and as such there was not currently support to approve the direction as laid out in the paper.

He summarised the position as follows:

- That the IJB accepts categorically the need for change to the model of long-term care for elderly adults, however, there is further detail required as set out in Councillor Hamilton's amendment.
- That the IJB is concerned about the lack of consultation, particularly with residents.
- That the IJB requires further detail on alternative provisions
- Further detail on estimated costs, and an initial assessment of the impact on staff and the community is required.
- Noted concerns over the short timetable for implementation.
- While the IJB do not reject the strategy they are looking for more detail, more information and more consultation to make an informed choice and a paper brought back on 29th January.

Councillor Hamilton asked if 29th January 2025 will give the new interim Chief Officer enough time to work on the paper. Mr Williams explained that there was a team of people who can lead the work in the two-week crossover period. Mr Fairbairn expressed the importance of the paper coming back to the meeting on 29th January 2025.

Mr Rennie wanted to ensure that there is ongoing engagement with residents of Menstrie House in the interim. He clarified that the timetable of 31st March 2025 will no longer exist.

The Integration Joint Board:

- 1) Declined to approve the direction as laid out in the paper.**
- 2) Fully accepted the need for implementation of the model of long-term care for elderly adults**
- 3) Instructed the completion of a thorough process which sets out viable options for future of Menstrie which are fully costed and have realistic timelines which takes into account the need for full consultation and engagement with all key stakeholders and service users/families/staff/trade unions and constituent partners in the Health and Social Care Partnership.**
- 4) Agreed that this work is presented to the meeting of the Board on 29th January 2025 for Decision with Direction.**

8. IMPLEMENTING THE CLACKMANNANSHIRE AND STIRLING SELF DIRECTED SUPPORT POLICY FOR ADULTS WITH LEARNING DISABILITIES

The IJB considered the paper presented by David Williams, Interim Chief Officer

Mr Williams explained there are several provisions which are operationally managed within the HSCP, commissioned historically by the IJB in the annual generalised Directions at the start of each financial year and where there is a need for reflection and probable change regarding the continuing nature of this provision in their respective current forms. This is because they are resources that were in existence prior to the commencement of the Integration Authority and have been in place for decades in their current form, and as such should be subject to review to ensure delivery of value-based care/best value and to afford the best opportunities to people to live their best lives.

Most if not all the individuals who receive a service in the respective services will not have been afforded any level of choice and control in the terms of the Self-directed Support legislation or they may now be impacted as a consequence of the national Coming Home agenda which relates to ensuring appropriate living arrangements closer to home.

Mr Williams confirmed HSCP staff are required to progress the development of options and proposals around future models of care that are better suited to meet needs and enable people to live their best lives. It will not be a quick process and consultation, and engagement will need to take place which has been set out in the Direction.

The Integration Joint Board:

- 1) Noted the contents of the paper and the scale and scope of the issues currently facing services providing care in a range of settings for people with learning disabilities.**
- 2) Considered the current action being taken to address these issues as set out in section 3.**
- 3) Approved the development of proposals that will result in change to the historical commissioning from both Councils for delivery of two Day Centres across the Integration Authority.**
- 4) Issued the Direction at Appendix 1.**

9. PALLIATIVE AND END OF LIFE CARE

The IJB considered the paper presented by David Williams, Interim Chief Officer

It was agreed at the IJB on 25 March 2024 that the Clackmannanshire and Stirling and Falkirk IJB work together to develop a strategic commissioning plan for palliative and end of life care across Forth Valley. Mr Williams confirmed that engagement took place across Stirling, Clackmannanshire and Falkirk between April and May 2024. Engagement was sought from those who had views on palliative and end of life care. In Stirling and Clackmannanshire six engagement

events took place, which included a session hosted in Stirling that specifically sought the views of people who had experience of palliative and end of life care because of a loved one using drugs and/ or alcohol. As this is often an area where care and support can differ from that received by those who are dying of other conditions.

In August and September, a follow up initial consultation took place on the six themes that emerged from the earlier engagement, and in Stirling and Clackmannanshire two engagement events were held, as well as an online survey. Clear themes have been extracted from initial engagement activities, these were topics raised multiple times in both Health and Social Care Partnership (HSCP) areas. The themes explain what is considered by many to be a fundamental or important component to accessing high quality palliative and end of life care for all those involved. They will be at the core of commissioning activity going forward all with an emphasis on shifting the balance of care to support delivery of the vision. The themes are:

- Good communication
- Good, coordinated care
- Staff Learning and Education
- Good holistic Future Care Planning
- Education/ Awareness for families and carers
- Bereavement Support

Mr Williams highlighted the need to endeavour to do a lot more for care at home for people and including people in care homes. The plan sets out that the HSCP would strive to achieve 90.6% of people able to receive care at home. This activity is in the set aside space as its about urgent and unscheduled care so there is a potential challenge with this, which is demonstrated in the charts in the paper.

Mr Williams wanted it noted that he had received correspondence from the Chief Executive of Strathcarron Hospice who felt that the figures reported grossly misrepresented the figures for Strathcarron Hospice and that there was a view that the paper is about NHS Forth Valley funding. Mr Williams explained it was about the totality of the spend, and all the care home and care at home provision is funded by Clackmannanshire, Stirling and Falkirk Councils. The Chief Executive of Strathcarron Hospice would prefer that the paper reflected the bed cost based on the allocation from NHS Forth Valley through the two IJBs, this would equate to £233. Mr Williams agreed to reflect her views to the Board, but did not agree with their position as it would be misleading. The Board noted the important contribution of the role of Strathcarron Hospice.

Mr Rennie asked whether the Scottish Ambulance Service was involved in the consultation and whether they would be part of the Commissioning Consortium as they have a key role. Councillor Earl highlighted the importance of providing services to people who reside in rural areas and asked about the role of the patient transport service as people have had to previously rely on third sector or volunteer organisations to bridge this gap. Both himself and Mr Fairbairn would like to see how the work will be monitored, how it will evolve and when an updated report will be brought back to the IJB.

Mr Williams explained that the Scottish Ambulance Service and patient transport service would need to be consulted as part of the Commissioning Consortium approach. He hoped a report would be brought back to the IJB in March 2025.

The Integration Joint Board:

- 1) Noted the contents of the report**
- 2) Approved the Palliative and End of Life Care Strategic Commissioning Plan**
- 3) Issued the Direction as set out in Appendix 3**

10. FINANCIAL RECOVERY

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

Mr Murray presented items 10 and 11 together as they were interlinked.

11. Financial Report

The financial report illustrated a further worsening of projections on the integrated budget of just over £0.409m despite a material improvement in the Primary Care Prescribing projection. Adverse movements related to:

- Increases in long term care numbers in Stirling in late September and early October although these have reduced slightly again by late October
- Corrections to Stirling projections from Month 5 where some costs had not been accurately reflected in projections – this particularly impacts the Bellfield Centre projection
- Increased costs in relation to Learning Disability Residential Care
- These increases were partially offset by a reduction in the projected prescribing overspend of £0.475m

Mr Murray explained that overall, the IJB continued to face increased demand, and associated costs well in excess of long-term trends which was more noticeable across adult social care, particularly prescribing, combined with an overlap of a lack of traction reflected in the report in delivering the planned savings and efficiencies which drives the projected overspend. It was requested at the IJB meeting on 2 October 2024 that there was more explanatory detail of where planned savings were not being delivered to date. Additionally, there was significant complexity regarding primary care prescribing efficiencies. He confirmed that jointly, Clackmannanshire and Stirling HSCP, Falkirk HSCP and colleagues in Forth Valley Health Board were in the process of producing a short briefing on this. The paper detailed cost pressures and cost drivers in relation to the set aside budget of large hospital services including compliance of unfunded contingency beds and associated workforce costs.

The Integration Joint Board:

- 1) **Noted the projected outturn based on financial performance to Month 6, specifically the high likelihood of significant overspend in the current financial year.**
- 2) **Noted the Integrated Finance Report including narrative on areas of significant variance and update in respect of the Set Aside Budget for Large Hospital Services. (Sections 3 and 4)**
- 3) **Noted the Transformation and Savings Programme progress (Section 5 and Appendix 1)**
- 4) **Noted and drew assurance from the key control actions in place. (Section 6)**

10. Financial Recovery

Mr Murray, Chief Finance Officer, colleagues and Chief Executives across all constituent authorities were uncomfortable with the position across the whole system.

Collaborative and constructive discussions have continued to be held since the last IJB on 2 October 2024 and the report illustrated that there have been considerations of all areas to materially recover the position and noted the challenges in progressing for the reasons set out in the paper. Mr Murray explained that it was essential that the IJB are sighted on the considerations. Work needed to be carried out as a whole system and the report set out proposals including where Directions can be used.

The report included feedback from the engagement Mr Murray and Mr Williams had with Scottish Government; which the IJB directed them to undertake given the scale of the challenges faced and the associated risk.

Mr Fairbairn questioned whether recommendation 4 may cause the Board to be challenged in the future and suggested that the wording in the Direction referred to relevant sections in paper to make it clearer. This was accepted. Councillor Earl was uncomfortable taking assurance that key controls are in place and wished further evidence to base this on, possibly to be brought to the combined Finance, Audit and Performance Committee.

Mr Murray explained the long-term care savings plan was informed by observing the numbers in long term care and looking at comparative information from the annual care home census which showed that people are being placed into long term care earlier than other systems. This was a matter of continual discussion about what can be done to deliver against the direction of the IJB.

The learning disability target was informed by the overspend last year and the requirement to address this. There was still a lot of work to be done looking at out of area packages and whether it is possible to provide care for some of the service users locally. Work is ongoing around the review of the care and support framework for care at home and a specific paper would be brought to the IJB in January 2025 on this.

Councillor Earl was concerned that the IJB agreed to set a savings target, which at the time was close to being achievable, and questioned whether harder decisions should have been made at the start of the year. Mr Murray acknowledged this and explained the paper set out further detail on where the difficulties in terms of delivery of transformation and associated savings are in response to discussion at the last meeting. Mr Murray stated the infrastructure needs to support the activity and there are still some technical issues with the implementation of Self-directed Support within Clackmannanshire Council in particular.

Ms Bridle asked Mr Murray, given the timing of the budget announcement for the constituent partners, what capacity does it give him when preparing the IJB budget to do due diligence on the savings proposals. Is there something in the process which needs to be changed. Mr Murray responded to say 2025/26 budget planning was already underway but significant further progress was required to prepare the budget options and conduct due diligence.

Mr Clevett raised concerns about the non residential overspends, and wanted to look at how this could be used better, he highlighted the importance of looking at the smaller savings in the communities. Mr Murray agreed that this can be linked to work being done around the Right Care Right Time programme and how we support the workforce to deliver services.

Councillor Fraser asked how the Board should decide to divide the 10 million overspend. Mr Williams confirmed that it was a priority for the constituent authorities given a balanced budget position was not going to be delivered, and discussions were in place with the Chief Executives, Directors of Finance, the incoming Interim Chief Officer and Mr Murray.

Mr Williams reiterated Mr Murray's update on the meeting which took place with Scottish Government colleagues and informed the Board that Glen Deakin from the Health and Social Care Directorate of Scottish Government was in attendance to observe the meeting and note the outcome of the meeting, particularly the financial recovery paper. Mr Williams has suggested that himself and the Chief Executives meet with Scottish Government as soon as possible to highlight and reinforce how significant the position is. He confirmed the position requires to be clearer by the next meeting on 29 January 2025.

The Board agreed that this year's budget wasn't achievable. Mr Murray agreed that there needed to be new ways of thinking differently regarding sustainable service delivery and there is a requirement to demonstrate the IJB have taken every action possible to achieve a balanced budget. This will be part of the conversation with Scottish Government.

Mr Fairbairn wanted it noted that at the beginning of the year Mr Williams recognised some major areas where there needed to be progress in terms of how the IJB delivered Health and Social Care, this didn't deliver this year but requires to be included in the budget for next year. The challenges faced trying to achieve deliverables this year means that next year the IJB have a much better understanding of what needs to be achieved and what the challenges are.

The Integration Joint Board:

- 1) Noted and considered the contents of the paper.
- 2) Noted and approved the further actions set out in Section 4
- 3) Issued the Directions as set out in Appendix 1

12. QUARTER 2 PERFORMANCE REPORT

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The Board approved the paper.

The Integration Joint Board:

- 1) Reviewed and considered the content of the Report.
- 2) Agreed the content of Quarter Two (July to September 2024) Executive Summary (Appendix 1) & Report (Appendix 2).

13. REVISED STANDING ORDERS

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The Board approved the paper subject to the following amendment:

Deletion of the sentence at the end of 15.2 of the Standing Orders “if said member does not leave the meeting the meeting must be suspended by the Chair”.

The Integration Joint Board:

- 1) Approved the amended Standing Orders set out at appendix 1.

14. INTEGRATED CLINICAL AND PROFESSIONAL CARE GOVERNANCE ASSURANCE

The IJB considered the paper presented by David Williams, Interim Chief Officer.

The Board approved the paper.

The Integration Joint Board:

- 1) Noted the content of the report.

15. FOR NOTING

Minutes

a. Strategic Planning Group – 21.08.2024

21. ANY OTHER COMPETENT BUSINESS (AOCB)

The Board acknowledged it was David Williams last IJB meeting, they thanked him for his contribution over the last year and wished him well for the future.

22. DATE OF NEXT MEETING

29 January 2025

DRAFT

| Report Title/Number | Action | Person responsible | Timescale | Progress/Outcome | Status |
|--|--|--------------------|-----------------|---|-------------|
| 7. Commissioning a change to the model of long-term care for older adults | Add to the recommendations that the IJB accepts categorically the need for change to the model of long-term care for elderly adults however, there is further detail required as set out in Councillor Hamilton's amendment and that the IJB are looking for consultation as there has been no direct consultation with the residents or in other areas. | Sandra Comrie | Immediately | Updated and recorded in the minute | Complete |
| | Complete a thorough process which sets out viable options for future of Menstrie which are fully costed and have realistic timelines which takes into account the need for full consultation and engagement with all key stakeholders and service users/families/staff/trade unions and constituent | Paul Cameron | 29 January 2024 | Paper will go to the IJB on 29 January 2025, with a final proposal with a specific response in March 2025 | In Progress |



| | | | | | |
|------------------------------------|--|----------------------------------|---|--|--------------------------|
| | partners in the Health and Social Care Partnership. Present this work back to the Board. | | | | |
| 9. Palliative and End of Life Care | Implementation plan to be brought back to the IJB in June 2025 | Wendy Forrest | June 2025 | In Progress | Underway |
| 10. Financial Recovery | As some Board members were uncomfortable taking assurance that key controls are in place, they requested further evidence to base this on, and suggested this is brought to the combined Finance, Audit and Performance Committee in 2025. A paper on the review of the care and support framework for care at home to be brought to the IJB. | Ewan Murray Wendy Forrest | 19 February 2025 29 January 2025 | In Progress Paper will go to the IJB on 29 January 2025 | Underway Complete |
| 13. Revised Standing Order | Deletion of the proposed addition at the end of 15.2 of the Standing Orders “if said | Lesley Fulford | Immediately | Standing Orders have been updated | Complete |



| | | | | | |
|--|---|--|--|--|--|
| | member does not leave the meeting the meeting must be suspended by the Chair”. | | | | |
|--|---|--|--|--|--|

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 7

2025/26 IJB Draft Business Case

For Approval

| | |
|---|------------------------------------|
| Paper Approved for Submission by | Joanna MacDonald, Chief Officer |
| Paper presented by | Ewan Murray, Chief Finance Officer |
| Author(s) | Ewan Murray, Chief Finance Officer |
| Exempt Report | No |

| | |
|---------------------------|---|
| Purpose of Report: | To present the IJB with a 2025/26 Draft Business Case in line with the methodology and requirements set out in the Integration Scheme |
| Recommendations: | <p>The IJB Committee is asked to:</p> <ol style="list-style-type: none"> 1) Consider, debate and comment on the 2025/26 IJB Business Case 2) Approve the Draft 2024/25 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme 3) Note the next steps and further budget development work required prior to the IJB considering the 2025/26 Revenue Budget, Delivery Plan and Directions for approval. |

1. Background

- 1.1. The preparation of a business case to determine future funding requirements to deliver the Strategic Plan is a requirement of the Integration Scheme. The requirements and methodology to be used based on best information currently available are set out at Section 8.3 of the Scheme.
- 1.2. The 2025/26 IJB Business Case set out in this paper reflects the most up to date information available at the time of writing and reflects the known impacts of the Scottish Draft Budget presented to the Scottish Parliament on 4 December 2023.
- 1.3. The IJB should also view the business case in the context of
 - Significant financial pressures and underlying recurrent overspend from 2024/25 including the impact of limited traction on delivery of the projected savings from the transformation programme.
 - The ongoing and sustained level of demand facing the health and social care system locally and nationally
 - The need to align to delivery of demonstrable progress against the agreed priorities within the 2023/33 Strategic Commissioning Plan and a 'Needs Led; Resource Bound' approach.
 - The Commitments of Value Based Health and Care as set out in the Delivering Value Based Health and Care and The Value Based Health and Care Delivery Plan [Delivering Value Based Health & Care: A Vision For Scotland](#) which are equally as applicable to social care as healthcare.
 - The National Health and Wellbeing Outcomes [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services](#) as reported against through

Annual Performance Reports (APRs) [Clackmannanshire and Stirling HSCP – Annual Performance Report](#)

- Section 8 of the Chief Finance Officers report to the IJB of 2 October 2024 'Further Opportunities to Deliver Strategic Commissioning Plan Priorities at Reduced Cost'
 - Significant ongoing inflationary pressures and other cost pressures including the impact of the increases in Scottish Living Wage.
 - The general economic outlook as updated through Financial Reports to the IJB and IJB Finance and Performance Committee during the year.
- 1.4. To aid understanding, the format of this draft business case is similar to that used in 2023/24 and 2024/25.
- 1.5. The assumptions used in this business case use best intelligence currently available however are subject to change.

2. Economic Outlook, UK Autumn Budget and Draft Scottish Budget

- 2.1. There continues to be significant economic challenges and uncertainty at both UK and Scottish levels. Low projected economic growth over a prolonged period and recent increases in government borrowing costs suggest an even more challenging outlook over the medium term than perhaps even the Office of Budget Responsibility (OBR) and Scottish Fiscal Commission (SFC) set out in their most recent forecasts.
- 2.2. The UK Budget was published on 30 October 2024 along with updated economic projections from the Office of Budget Responsibility (OBR). These economic projections anticipate an ongoing period of slow growth for the UK economy which alongside high debt levels set a difficult outlook for public expenditure. The UK budget signalled a policy shift in terms of permanently higher public expenditure as a share of Gross Domestic Product (GDP) with associated tax increases including incorporating an increase in employers National Insurance (eNIC) contributions from 13.8% to 15% from 6 April 2025.
- 2.3. The UK budget included additional spending commitments with additional consequential funding of £3.4bn across both revenue and capital.
- 2.4. It is for the Scottish Government to make choices on spending and taxation in line with the devolution settlement and these were set out in the Scottish Draft Budget on 4 December 2024.
- 2.5. The Scottish Draft budget did not however include budget provision for the impact of increased employer National Insurance (eNIC) contributions and at the time of writing this is matter remains under discussion between Scottish Government and UK Treasury. Given the public sector in Scotland is a significantly higher element of the economy than in the rest of the UK ~~this~~ there is significant risk that compensatory funding does not cover the full cost implications of the eNIC increase.

- 2.6. This is a particular risk in relation to resultant cost increases in commissioned/procured services in Adult Social Care where it may materially impact the financial viability of providers in the sector.

3. IJB Business Case

Methodology

- 3.1. The Integration Scheme sets out the methodology to be used in calculating the budget requirements to deliver the Strategic Plan for the forthcoming financial year. This methodology, is, itself drawn from national financial planning guidance for Integration Authorities.

The methodology requires assessment of:

- Demand pressures from demographic change and Transitions from Children's Services (usually on a 3-year average basis to smooth any year-to-year peaks or troughs)
- Inflation (Pay, National Care Home Contract, General and Contract including impact of changes in Scottish Living Wage)
- Changes in Legislation with Financial Consequences (if any)
- Delivery of Strategic (Commissioning Plan) Priorities & National Outcomes
- Assessment of Potential Savings and Efficiencies
- Consideration of Reserves

Strategic Commissioning Plan 2023/2033 – 'Needs Led; Resource Bound'

- 3.2. The IJB approved its 2023/33 Strategic Commissioning Plan in March 2023. The 5 priorities agreed within the plan are:

- Prevention, early intervention and harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting empowered people and communities
- Reducing loneliness and isolation

- 3.3. Members should keep the Strategic Commissioning Plan priorities and pursuit of demonstrable progress against them in mind when considering the IJB Business Case.

Value Based Health and Care

The Commitments of Value Based Health and Care are:

- Our health and care system will continue to promote Realistic Medicine as the way to deliver Value Based Health & Care.
- Our health and care system will promote the measurement of outcomes that matter to the people we care for and explore how we can ensure a coordinated approach to their development and implementation.

- Our health and care system will continue to support the development of tools that enable health and care colleagues to seek out and eliminate unwarranted variation in access to healthcare, treatment and outcomes.
- Our health and care system will continue to build a community of practice and a culture of stewardship across Scotland.
- Our health and care system will support the delivery of sustainable care in line with the NHS Scotland climate emergency and sustainability strategy by reducing waste and harm.
- Our health and care system will engage with the public to promote understanding of Realistic Medicine and VBH&C and its benefits for Scotland. We will also work to empower people to be equal partners in their care, through shared decision making enabling self-management, and promoting health literacy and healthy lifestyle choices.

Projected Key Changes in Size and Shape of Clackmannanshire and Stirling Partnership Population in Coming Years

- 3.4. Population projections are published biannually by National Records of Scotland. The data was last updated on 2 December 2024 but remains at this point based on 2018 data.

For the Clackmannanshire and Stirling local authority populations re the key points from the data are:

- Clackmannanshire's population is projected to decrease by 0.4% from 2018-2028
- Stirling's population is projected to grow by 4.5% from 2018-2028
- Clackmannanshire has the highest projected increase of any local authority population in >75 population from 2018-2028 (+41.5% and over 10 times more than the lowest Glasgow City)
- Stirling's projected increase in >75 population 2018-2028 is 26% which is slightly above Scotland as a whole at 25%
- Given the above we could reasonably expect demand for older people's services in Clacks to increase by around 60% more than Stirling over the coming 3 years

Source : [Population Projections for Scottish Areas 2018-based - National Records of Scotland \(NRS\)](#)

Given Learning Disability is the other key driver of growth it is also appropriate to examine the learning disability population statistics. Scottish Commission for People with Learning Disabilities have traditionally published statistics on adults with learning disabilities who were known to Scottish local authorities however this has not been possible due to issues with data availability since 2019.

The 2019 data stated that Clackmannanshire had 6.4 adults known per 1000 population and Stirling 5.0 per 1000 population compared to 5.2 per 1000 population for Scotland as a whole. Assuming this reflects the current position,

we can therefore also anticipate greater demand for learning disability services in the Clackmannanshire population by around 28%.

Core Assumptions

- 3.5. This business case pays due regard to the terms set out in the Scottish Draft Budget which are detailed below.
- 3.6. In relation to NHS Boards there is a 3% uplift on baseline funding in 2025/26. This is to meet the expected costs of the 2025/26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to supporting inflationary pressures.

£150m of recurring funding was included to support continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change pay deal.

Further discussion will take place in due course on the impact of the changes to National Insurance.

The budget includes a commitment of additional funding to reduce waiting lists and to help support reduction of delayed discharge; as well as a commitment to renew our primary care enhancements, including new core funding to GMS to deliver enhanced frailty, cardiovascular disease and other essential services in General Practice, a critical dental workforce and training package and a community eye care programme to transfer patients from waiting lists. Further detail in respect of these matters is anticipated in the coming period.

In 2025-26, NHS payments to Integration Authorities for delegated health functions must pass on an uplift of 3% over 2024-25 agreed recurring budgets.

- 3.7. Given the budgetary context set out in section 2 of this report the core assumptions used in this paper are.

Payments from NHS Boards to IAs – 3% uplift

Payments from Local Authorities to IAs – 0% uplift

Passthrough of Resources from Local Authorities to IAs – Share of £135k of £140m referred to above, expected to flow through local government. Formal confirmation of actual allocations was awaited at time of writing.

- 3.8. Key Assumptions used in preparing this business case are as follows.

- 24/25 Local Government and NHS Pay Awards – 3%
- Employers NIC (eNIC) increase for directly employed workforces of NHS Board and Councils will be funded. No such assumption is made for impact on commissioned services from social care providers or other funded organisations at this point given significant uncertainty and ongoing discussion between Scottish Government and UK Treasury. There is significant risk to this assumption at the time of writing.
- Contract Inflation: National Care Home Contract – per current intelligence from COSLA shared with IJB Chief Finance Officer section including impact of increase in Scottish Living Wage and eNIC increase

- Prescribing Cost and Volumes (Primary Care and Community): 7.5%
- Social Care Demand Increase – Modelled based on estimated impact of demographics including weighting for differential in demographic pressure between local authority populations. Intelligence on transitions from Children's services still to be accounted for.
- Health Demand Increase (over and above prescribing) – none assumed
- It is also assumed that expenditure commitments associated with national policy initiatives are contained within allocated financial envelopes. There is some risk to this assumption particularly in relation to Primary Care Improvement Plan and implementation of the new GMS Contract in line with Memorandum of Understanding 2 (MOU2).

Assessment of Resource Requirements to Deliver Strategic Plan

- 3.9. As detailed in recent finance reports it remains challenging to accurately predict the cost impacts of increasing demand over both the short and medium to longer terms. We have continued to see increasing demand and complexity presenting across the Health and Social Care system locally and nationally with service demand and associated costs increasing by a greater amount than raw demographic data would suggest. Evidence from cases presented to the Senior Resource Allocation Group indicates very complex high tariff care requirements for service users is increasing particularly, ~~but~~ not exclusively in relation to Learning Disability and often several years post transition from Children's Services.
- 3.10. Continuing to attempt to meet this demand in the same way as present in increasingly unsustainable however due regard also requires to be given to the ability to meet councils and NHS Boards (non-financial) statutory responsibilities particularly those of the Social Work (Scotland) Act 1968 and the Social Care (Self-Directed Support)(Scotland) Act 2013.
- 3.11. The Health and Social Care system is, therefore, under more strain than it ever has been.
- 3.12. The demand for social care services continues to be acutely affected. Evidence showed pre pandemic demand increases at around 4% per annum (source Scottish Government Medium Term Health and Social Care Financial Framework October 2018) whereas the increases experienced over the past 3 years is significantly in excess of this. This coupled with increased complexity has driven significant expenditure increases.
- 3.13. Some of this ~~is~~ increase is a mix of both general demand increase and shifts from residential care to care closer to home and/or at home e.g., in Learning Disabilities. Therefore, the picture is more complex than raw increases in service user numbers.
- 3.14. We continue to observe significant general increases in Care at Home as reflected within finance and performance reporting to the IJB. It is suggested that the Care Home Census data illustrated in the table at section 3.15 reflects relative success of the partnership in supporting people to stay at home reflecting strategic priority 3.

- 3.15. Additionally, despite efforts to control this we have observed an increase in admissions into long-term care particularly in Rural Stirling. The reasons for this are multifactorial reflecting both system behaviour, practice and challenges in delivering suitable alternative care provision in some elements of the rural area. The latest Care Home Census Annual Publication published in October 2024 does however indicate that there are still opportunities to support people for longer in their own homes across Clackmannanshire and Stirling though it is perhaps more limited than in other partnership areas.

Whilst locally we observed increases in service users place in, mainly, nursing homes during both 2023/24 and 2024/25 to date the Care Home Census data indicated a flat position across Scotland and a 7% decrease over the last 10 years.

Examining mean length of stay data more closely does indicate a favourable comparison in terms of mean length of stay for older people than for Scotland as a whole.

| Older People | Scotland | Clackmannanshire | Stirling |
|--|-----------|------------------|-----------|
| Mean Complete Length of Stay (2023/24) | 2.2 years | 2 years | 1.6 years |
| Median Complete Length of Stay | 1.4 years | 0.8 years | 1 years |
| Mean Age at Admission | 84 years | 83 years | 85 years |

Source: [Care Home Census](#)

Baseline Financial Position into Financial Year 2025/26

- 3.16. The significant recurrent overspends from 2024/25 are the most material driver of the baseline financial gap into 2025/26 financial year particularly as the partial offset from IJB reserves being exhausted is not available.

This means the opening financial gap for 2025/26 before any additional pressures is £21.859m on the Strategic Plan Budget with £16.061m of this being related to the Integrated Budget and £5.798m the Set Aside Budget for Large Hospital Services.

Estimated 25/26 Net Financial Gap on Integrated Budget

- 3.17. Using the assumptions stated above the estimated financial gap before savings and efficiency programmes and other mitigation actions is currently estimated at £21.248m. This is summarised in the table below.

| INTEGRATED BUDGET | | £m |
|--|--|---------------|
| Opening Financial Gap 25/26 | | 16.061 |
| Hospital Prescribing (5.5%) | | 0.073 |
| Primary Care Prescribing (7.5%) | | 3.000 |
| 25/26 Pay awards and Inflation | | 0.856 |
| Adult Social Care | | 7.941 |
| Demographic Pressures Based on Population Projections | | 1.604 |
| Gross Estimated Integrated Budget Financial Gap 2025/26 | | 29.536 |
| Less: | | |
| Integration Fund and Resource Transfer Uplift | | (0.034) |
| Increase in Baseline NHS Funding (3%) | | (4.799) |
| Estimated Share of Passthrough Funding from Scottish Government via Local Government | | (3.454) |
| Net Estimated Integrated Budget Financial Gap 2025/26 | | 21.248 |

2024/25 Net Financial Gap on Set Aside Budget for Large Hospital Services

- 3.18. Based on the assumption that the service and financial pressures currently being observed are essentially recurrent and based on the core assumptions set out above the estimated financial gap on the Set Aside budget. Of course, these pressures would reduce if the associated service and workforce pressures predominantly driven by reliance on unfunded contingency beds also reduced.

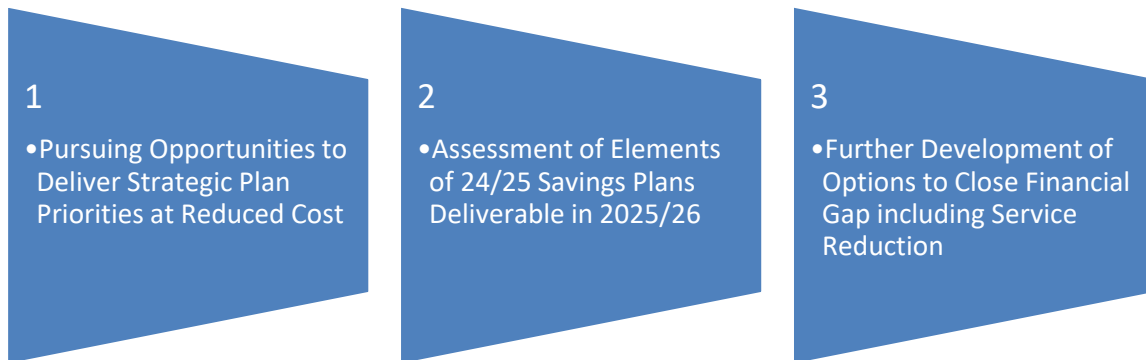
2025/26 Net Financial Gap on Strategic Plan Budget

- 3.19. Taking the Integrated Budget and Set Aside Budget together and using a £6m estimate for set aside the Strategic Plan gives a total net estimated financial gap of **£27.248m**. To give a scale of the increasing financial challenge this figure has increased by around £7m since the 2024/25 draft business case.
- 3.20. Therefore, if radical action is not taken urgently to redesign service provision in a sustainable way and pressures continued to grow in a linear manner the financial gap on the integrated budget could be anticipated to increase as illustrated in the table below.

| £m | £m | £m | £m | £m |
|--------|--------|--------|--------|--------|
| 24/25 | 25/26 | 26/27 | 27/28 | 28/29 |
| 14.060 | 21.248 | 28.437 | 35.625 | 42.814 |

- 3.21. It will be extremely challenging to close this financial gap given past experience and ongoing increasing demand on services. Our approaches will require to be significantly more radical than was previously attempted or palatable. This also requires effective whole system planning and co-ordination across not only the Health and Social Care system but the entire public sector reflecting the key messages from the Auditor General in the Accounts Commission report on IJBs Finance and Performance published in July 2024 [Integration Joint Boards' Finance and performance 2024 | Audit Scotland](#)

- 3.22. To this end viewing options across 3 thematic or domains would be useful as follows.



Development of Options to Close the Financial Gap

- 3.23. A logical place to start is section 8 of the Financial Report to the 2 October 2024 which set out a number of areas where there are opportunities to deliver strategic commissioning plan priorities at reduced cost. For members ease this is reproduced below in italics.

'8.1. Whilst this paper does not at this point fulfil the requirement for a financial recovery plan to balance the budget in year there are significant further opportunities available to untap. These include fundamental redesign, review and reform of:

- Elements of Residential and Respite Care (including Commissioning a Change to the Model of Long-Term Care for Older Adults)*
- Adult Mental Health Inpatient Provision (there are several wards with substantially lower than optimal occupancy however there are challenges and issues with change regarding physical environments)*
- Improving Value from Supported Housing Provisions*
- Learning Disabilities provision including Inpatient Provision, Residential Care Models, Day Care and Supported Accommodation (per paper to November IJB)*
- Supporting the councils to review and reform Adult Social Care contributions policies (often referred to as Charging Policies) on a consistent basis (a suggested policy has been drafted) in order to maximise income and bring local policies more in line with other Council areas across Scotland.*
- Working with the constituent authorities on an accommodation strategy for Health and Social Care in Clackmannanshire and Stirling to both seek to rationalise the public sector estate as we shift the balance of care into community settings and maximise use of the retained estate including that with long term public sector financial commitments.*
- Continuing to develop our approaches to commissioning through the commissioning consortia approach*

8.2. Realising the benefits of the above at pace will take a significant commitment not only from the HSCP Senior Leadership Team but across the constituent authorities. The risk appetite and tolerance statements approved by the IJB will be utilised to inform this along with decisions with direction that will be presented to the IJB as appropriate.'

- 3.24. The second stage of the approach is assessing where less than full delivery of 24/25 Transformation and Savings Plan which have not been achieved are deliverable in 25/26 to close the implementation gap.

There are several key elements of this.

- Primary Care Medicines Optimisation Programme (some of the 24/25 programme is envisaged including the Prescribing Improvement Initiative will have full year financial benefits in 2025/26).
- The need to better control admissions into long-term care
- The need to better manage demand through signposting to non-statutory alternative supports where appropriate
- The need to embed and improve approaches to care planning and self-directed support developing approaches based on outcomes rather than inputs
- The need to continue to develop operational 'once for Clackmannanshire and Stirling' policies and support staff to understand and comply with them
- Supporting both councils to modernise and update charging/contribution policies

- 3.25. The third element is development of further options to close the financial gap including consideration of both sustainable service design options and service reductions.
- 3.26. Appreciating the level of service design and reform work required to bridge the level of financial gap faced and this sort of work has lead in times (e.g. for consultation and engagement work) and often does not neatly fit into financial years the 2025/26 Revenue Budget will be supported by an outline Delivery Plan and Medium-Term Financial Plan for the 3 years 2025/26 to 2027/28.
- 3.27. Production of this will be led by the Chief Officer supported by the HSCP Senior Leadership Team and become the SLTs 'contract' with the Board to deliver against this forming priorities and team and individual objectives for the period covered.
- 3.28. Plans in relation to these areas will continue to be developed in coming weeks to form 2025/26 Revenue Budget considerations for the IJB along with a draft 2025/26 to 2026/27 Delivery Plan and Medium-Term Financial Plan. The Delivery Plan will highlight where decisions presented to the IJB will be accompanied by directions to the constituent authorities.
- 3.29. At the current point in time the single greatest area of financial risk is thought to be Family Health Services Prescribing. National intelligence suggests the prescribing bill may grow 7-10% in the coming year and with funding increasing by 3% the financial gap on FHS Prescribing would grow by approximately a further £2m.
- 3.30. Whilst this draft business case highlights issues in respect of social care charging/contribution policies it is acknowledged the decision making in relation to this lies with the Local Authorities. By the time the IJB meets the IJB Chief Finance Officer will have provided a further iteration of a suggested consistent Adult Social Care Contributions policy to the Council Chief Finance Officers to consider as part of council governance arrangements.

Delivery Plan Structure

- 3.31. Appreciating that the partnership works within the relatively small Forth Valley system and close working relationship with Falkirk HSCP is required it is proposed the structure of the delivery plan 'thematics' takes a similar approach to Falkirk's.
- 3.32. The proposed thematics are therefore:
- Raising Revenue
 - Doing Things Differently
 - Doing Less
 - Doing Things More Efficiently

Next Steps

- 3.33. In order that the IJB can be presented with the 2025/26 Revenue Budget for approval at its March meeting and subject to approval of this paper the next steps required will be.
- Subject to the IJBs considerations the Chief Officer and Chief Finance Officer will write formally to the constituent authorities with this business case and to inform budget considerations.
 - Further work will be completed in respect of options development to close the financial gap during this period.
 - An update on development will be presented to the Finance, Audit and Performance Committee on 19 February and an IJB Development Session on 26 February
 - The constituent authorities are required to confirm their payments/budget contributions to the IJB by 28 February in line with the terms of the Integration Scheme. Given ongoing UK level negotiations in relation to employers' national insurance this may incorporate more caveats than usual.
 - Further work will be undertaken on development of options and plans along with engagement with constituent authorities to produce and finalise the Revenue Budget and Delivery Plan for Presentation to the IJB on 26 March 2025.
- 3.34. The IJB will be asked to approve a budget, delivery plan and directions on the basis of the resources at its disposal aligned to the priorities of the Strategic Commissioning Plan. The service and savings options will be accompanied by a risk assessment in line with normal practice.
- 3.35. Given the level of financial gap, it will be very challenging to present a balanced budget to the IJB in March 2025. Should it not ~~bethe~~ possible to present a balanced budget a recovery plan would require to be presented to the IJB in line with the requirements of the Integration Scheme.

4. Reserves

- 4.1 Given the approach to setting a technically balanced budget in 2024/25 will have exhausted the IJBs useable reserves it is unlikely reserves considerations will materially assist in developing and presenting a balanced budget.
- 4.2 The reserves policy will be reviewed by the IJB Finance, Audit and Performance Committee in February 2025 to inform recommendations within the 2025/26 Revenue Budget however it is highly likely that this will be aspirational given the issues set out in this business case.

5. Capital

- 5.1. As set out in section 8.11 of the Integration Scheme responsibility for Capital and Asset Management are retained by the constituent authorities however paragraph 8.11.3 sets out the process for identifying any capital investment required to support the Strategic Plan through business cases.
- 5.2 To date there have been few cases for capital support however there maybe emergent capital and asset management implications as we develop options and sustainable plans for the coming financial year and beyond. For instance redesign / reprovisioning of Adult Mental Health inpatient provision will require some capital investment at the Bellsdyke site and there has already been initial engagement with NHS Forth Valley on this.
- 5.3 Ongoing engagement and discussion on capital and asset implications will continue with the constituent authorities collectively and individually through this period through respective corporate management teams. This is paramount to collective sustainability across the public sector within severely constrained public resources. Some of the service options brought forward for consideration may, as a by-product, assist the constituent authorities in delivering revenue savings over time. This should be viewed as part of a whole system approach to sustainability.

6. Benchmarking of Investment in Adult Social Care

- 6.1. Whilst respecting Councils choices to prioritise investment against local priorities the former Interim Chief Officer asked the Chief Finance Officer to review and benchmark investment in Adult Social Care services with other partnerships and seek an independent view on reasonable of methodology.
- 6.2. Given changes in the reporting within Local Government Local Finance Returns (LFRs) since 2019 this is more challenging to do than previously and cannot now be done robustly at care group level.
- 6.3. The results of the exercise undertaken were shared with partners and indicate that investment in Adult Social Care in Clackmannanshire and Stirling is in the

region of £5m less than peer partnerships on a 'weighted' population basis and £8.4m less on an 'unweighted' population basis.

- 6.4. The finance lead in the integration policy team at Scottish Government reviewed the methodology and calculations and assessed the approach taken as reasonable.
- 6.5. Further detail is appended to this report however to avoid the risk of any unnecessary tensions arising from use of other organisations information, albeit most if not all of it is in the public domain, the table has been anonymised. Investment in Clackmannanshire and Stirling has been compared to 8 other partnerships across Scotland mainly those where only adult services are delegated to the respective IJBs.
- 6.6. Inclusion of this information is intended to assist the IJB and the constituent authorities in taking an informed view of investment decisions and the financial performance of the partnership taking into account wider performance information reflected within both this report and routine performance reporting.

7. Risk

- 7.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR). As is usual practice, the financial resilience element of the SRR is reviewed and updated reflecting the risk statement within the IJB Revenue Budget which will be presented to the Board in March 2025.
- 7.2. Given the exceptional, in comparison to longer term pre-Covid trends, level of service demand observed since 2022/23 an obvious risk to the budget is that demand is materially different to planning assumptions.
- 7.3. Taking the financial and service contexts together, though the greatest risk is that insufficient resources are available to deliver adequate health and social care at or close to home and this has a material adverse impact on the performance of the whole Health and Social Care system in Forth Valley which already has very significant and continuing challenges.

This could potentially include:

- Inability to meet assessed need in line with eligibility criteria.
- Inability to fulfil statutory functions.
- Increased delays to discharge.
- Sustainability of Primary Care / General Practices
- Provider failure and/or inadequate business continuity arrangements

8. Conclusions

- 8.1. The financial landscape for the IJB and the public sector generally is significantly more challenging than we have seen to date both in terms of resource and predicting supply, demand, prices and overall costs.
- 8.2. The financial and economic outlook for 2025/26 and beyond remains extremely challenging and significant ongoing uncertainty, particularly with regard to the increase in employers National Insurance contributions is impacting the ability to plan.
- 8.3. Given the above it is paramount that effective whole system collaboration, cooperation, improvement and change is undertaken at pace.
- 8.4. The recurrent financial gap means more radical options to achieve sustainability will be required than may previously have been palatable.
- 8.5. Ultimately, there are difficult decisions and challenges including potential choices between performance and financial sustainability and between statutory financial and health and social care responsibilities.
- 8.6. It is also critical that we work with Scottish Government with partners and through national networks on sustainable policy approaches.
- 8.7. There are likely to be impacts on the partnerships performance of delivering services within the anticipated financial envelope and this will require to be fully assessed as plans develop in the coming weeks and months.

| Fit with Strategic Priorities: | |
|---|-------------------------------------|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting Empowered People and Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | Per body of report. |

| | |
|-----------------------------------|--|
| Other Resources: | As detailed. |
| Legal: | This paper satisfies the requirements of the Integration Scheme which is the legal partnership document governing the IJB. |
| Risk & mitigation: | Financial resilience is reflected within the IJBs Strategic Risk Register |
| Equality and Human Rights: | The content of this report <u>does not</u> require an EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

| | | | | |
|--|---------------------------------|------------|-------------------------------|----------|
| APPENDIX 1 | | | | |
| 24/25 Adult Social Care Investment Benchmarking | | | | |
| | £ per head 18+ (unwgted) | | £ per head 18+ (wgted) | |
| Clackmannanshire & Stirling | 713 | | 745 | |
| HSCP Comparator 1 | 783 | | 878 | |
| HSCP Comparator 2 | 803 | | 782 | |
| HSCP Comparator 3 | 909 | | 877 | |
| HSCP Comparator 4 | 783 | | 801 | |
| HSCP Comparator 5 | 868 | | 877 | |
| HSCP Comparator 6 | 763 | | 747 | |
| HSCP Comparator 7 | 734 | | 723 | |
| HSCP Comparator 8 | 707 | | 688 | |
| Average | 785 | | 791 | |
| Max | 909 | | 878 | |
| Min | 707 | | 688 | |
| Differential compared with group Average per head | | Unweighted | | Weighted |
| | | (72) | | (46) |
| £m | | (8.425) | | (5.097) |

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 8

Commissioning Change to The Model of Long-Term Care for Older Adults

For Noting and Approval

| | |
|--|---|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Prof. Paul Cameron, Head of Community Health and Care |
| Author | Prof. Paul Cameron, Head of Community Health and Care |
| Exempt Report | No |

| Directions | |
|--------------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|---|
| Purpose of Report: | This paper is presented to update IJB members on the work related to commissioning a change in models of long-term care for older adults to ensure consistency across the Clackmannanshire and Stirling Partnership. In particular, it seeks to provide an update to the IJB with regard to Menstrie House following the paper presented to the IJB on the 20 th of November 2024. |
|---------------------------|---|

| | |
|-------------------------|--|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the update on the progress of actions 2) Agree that a further paper for decision with direction is brought to the March IJB meeting for approval. |
|-------------------------|--|

| | |
|------------------------------|--|
| Key issues and risks: | There is a need to continue to progress the work set out in this paper at pace in order to bring a decision with direction to the IJB in March 2025 to address the issues set out in the paper the IJB considered at its November 2024 meeting and assist in delivery of the Strategic Commissioning Plan priorities in a 'Needs Led; Resource Bound' way. |
|------------------------------|--|

1. Background

- 1.1. On the 20th of November 2024 a paper setting out the future direction of the model of long-term care was presented to the Integrated Joint Board.
- 1.2. Following consideration of the paper, the IJB requested further work to be completed before a final decision could be made in relation to the Menstrie House Residential Care Service, albeit there was agreement of the need for change to implement the Strategic Commissioning Plan and ensure consistency of care across the Partnership area.
- 1.3. The further work requested comprised the following actions:
 - 1.3.1. Consultation with residents and their families
 - 1.3.2. Consultation with staff, trade unions and other stakeholders
 - 1.3.3. Options appraisal and costings (where available)
 - 1.3.4. Consideration of change of use to nursing home

2. Update of actions

2.1. The following will indicate the status of each action, including any challenges to completion.

2.2. A weekly steering group has been established to ensure that the work has continual oversight and challenges/successes are brought to attention of the group as early as possible.

2.3. Subject to appropriate further progress being made on the work set out in this report a further paper for decision with direction will be brought to the IJB for consideration at the March meeting.

2.4. Consultation with residents and families.

2.4.1. This work is being progressed via a small sub-group comprising senior managers, and Menstrie House staff. Due to the Christmas period, consultation was held off until after the New Year. It is envisaged that this work will be completed no later than the end of February to allow for any delays in meeting families due to availability of family members, and to ensure 1-1 consultations to protect privacy of residents and their relatives during discussions.

2.5. Consultation with Trade Unions

2.5.1. Trade Union members have been contacted and will be consulted with, to allow continual engagement. Attendance at Bipartite meetings will also allow for regular updates to be given, throughout the process.

2.6. Consultation with Staff Members

2.6.1. Clackmannanshire Council HR have advised the steering group that Council policies prevent a full consultation with staff members until a final decision has been made by the IJB as to the future of the service. This is due to the consultation falling under organisational change policies, requiring a firm decision in order for staff to be clear on the change.

2.6.2. Following steering group discussion with HR, it was proposed that a meeting with Trade union representatives be held to determine their willingness to support an 'abridged' consultation with staff to allow some information to be sought as to potential thoughts of staff, should the service cease in Menstrie House. The meeting took place on the 15 January 2025, where the level of initial engagement was agreed. This work will be undertaken and completed no later than the end of February.

2.6.3. The policy of the council presents a challenge in respect of allowing a full conversation regarding change with staff, however it is hoped the group will be able to conduct a 'good conversation' with staff members, whilst remaining within the boundaries of policy guidelines.

2.7. Options appraisal including costings

2.7.1. The finance officers in Clackmannanshire Council are currently assessing and developing costings for the different financial options that may occur in varying circumstances in relation to the Menstrie House service. These options include, 'no change', 'service closure', 'change of use'.

2.7.2. The finance officers have highlighted that some options will be heavily estimated as there will be unknown costs that would remain so until a final decision was made. This would include any change of use to Menstrie House, as this is likely to incur unknown building costs for adaptations. Where possible best estimates will be made taking relevant advice from professional subject matter experts within the Council.

2.7.3. It is envisaged an assessment of financial implications will be presented at the next IJB as a part of the paper.

2.8. Change of use

2.8.1. The IJB requested that there was some degree of consideration of a change of use of Menstrie House.

2.8.2. It was noted by the steering group that the HSCP only holds responsibility for the service within the residential home and does not have responsibility for the building itself.

2.8.3. Should the IJB approve a commissioning decision with direction similar to that presented in November 2024 which would result in the current service at Menstrie House being withdrawn and the building become 'surplus to requirements' for its current purpose, the future of the building and/or site would remain a Clackmannanshire Council consideration.

2.8.4. It was further noted that a change of use would likely require alterations to registration of use with the Care Inspectorate. It would also likely require extensive building alterations. Full costings for this would not be determinable until a final decision was made to withdraw the service and the Council instructed investigations for change of use. There would be a requirement for architectural and engineering quotations. It was deemed by the Steering Group to be out with the scope of what the HSCP could deliver, in terms of accurate information, to the IJB.

3. Conclusions

3.1. The steering group will continue to update the IJB as work progresses and requests the IJB notes the challenges presented for those areas that conflict with policy or are out with the scope of the HSCP.

4. Appendices

None

| | |
|---|--|
| Fit with Strategic Priorities: | |
| Prevention and Early Intervention | <input type="checkbox"/> |
| Independent Living through Choice and Control | <input type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input type="checkbox"/> |
| Workforce Plan | <input type="checkbox"/> |
| Commissioning Consortium | <input type="checkbox"/> |
| Transforming Care | <input type="checkbox"/> |
| Data and Performance | <input type="checkbox"/> |
| Communication and Engagement | <input type="checkbox"/> |
| Implications | |
| Finance: | As per paper presented on the 20 th of November 2024. |
| Other Resources: | |
| Legal: | |
| Risk & mitigation: | |
| Equality and Human Rights: | The content of this report <u>does not</u> require an EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 9

Inspection Report and Improvement Plan

For Endorsement

| | |
|--|--|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Wendy Forrest, Head of Strategic Planning and Health Improvement |
| Author | Lesley Fulford, Senior Planning Manager |
| Exempt Report | No |

| Directions | |
|--------------------------|--------------------------|
| No Direction Required | X |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|---|
| Purpose of Report: | To brief IJB members on the outcome of the Inspection Report and the associated Improvement Plan. |
|---------------------------|---|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the contents of this paper 2) Endorse the Improvement Plan for the HSCP. |
|-------------------------|---|

| | |
|------------------------------|------|
| Key issues and risks: | None |
|------------------------------|------|

1. [Background](#)

- 1.1. The joint inspection of Clackmannanshire and Stirling Health and Social Care Partnership took place between April 2024 and September 2024. The question was “How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”
- 1.2. The inspection in Clackmannanshire and Stirling considered the inspection question by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers. However, the actions in the improvement plan will apply to all of health and social care services.
- 1.3. It is important to note this group of people, and their unpaid carers are some of our most vulnerable and should be supported live their best life free from stigma.
- 1.4. The inspectors spoke to 35 people and 6 carers through conversation and focus group engagement. In their engagement with staff from the Health and Social Care Partnership, they received 175 completed staff surveys, spoke to 86 members of staff, and undertook 4 professional discussions sessions with the leadership team. They reviewed evidence provided by the Partnership to understand their vision, aims, strategic planning and improvement activities. They were unable to speak to some services users families and carers as the service user would not give permission for them to do this.
- 1.5. Within the Report that was published on 26 November, inspectors acknowledged that the Clackmannanshire and Stirling Health and Social Care Partnership is the only Partnership in Scotland where two local authorities

were integrated with an NHS board within the Integration Joint Board. This arrangement presents unique challenges that the Inspection Team have identified, affects the quality of support that the Partnership can deliver for people living with mental illness and their unpaid carers. Integration of health and care has not progressed at the same pace as other partnerships in Scotland and most services, as a result, are being delivered on a single agency basis.

- 1.6. Within the Report, Inspectors noted that some of the issues and challenges highlighted for the Clackmannanshire and Stirling Partnership are national issues that are being faced by many other partnerships. For example, systems which support staff to work in a more integrated way is a national challenge which is made more complex as a result of two local authorities within this particular Partnership which impacts on the sharing of information across and between agencies.
- 1.7. The Report notes that health and care services have not been integrated, leading to inconsistent practice and missed opportunities for patients and supported people across the Partnership area. Specifically, the report has highlighted the lack of support for carers and delivery of Self-directed Support Act which has not been implemented across the Partnership area.

2. Key Themes

- 2.1. There are key areas for improvement for the Partnership, focused on systems and processes which should create consistency across the Partnership area:
 - The Partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.
 - The Partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff.
 - The Partnership should develop a more proactive approach to emergency and future care planning.
- 2.2. There are areas which note the impact that staff are making on the lives of people and their families:
 - Staff across the Partnership are working hard to support people living with mental illness in Clackmannanshire and Stirling. Their care and compassion contributed to good outcomes for some people and improved their quality of life.
 - The introduction of community link workers and primary care mental health nurses has strengthened early intervention and prevention support for people living with a mental illness. People who accessed these services reported positive experiences.
 - The Partnership is developing an innovative collaborative approach to implementing its commissioning priorities through commissioning consortia

that involved supported people, carers and third and independent sector providers.

2.3. There are key areas for improvement, for the Partnership, linked to ensuring opportunities for staff to be supported in their learning and development linked to ongoing professional practice and legislative requirements:

- The Partnership should support staff across all services to identify and respond to the needs of unpaid carers of people living with mental illness.
- The Partnership should provide service users and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use, particularly people living with mental illness.
- The Partnership should progress the implementation of the IJB's Self-directed Support (SDS) policy and improve outcome-focused assessments.
- The Partnership should review the assessment templates in use across NHS services for people living with mental illness to support a greater focus on outcomes.
- The Partnership should strengthen its professional governance of social work functions.
- Senior leaders should continue to develop their approach to managing change across the Partnership. Frontline staff should be involved in designing and implementing improvements identified from self-evaluation activities.
- Developing new care pathways and guidelines away from current disease specific models towards a greater focus on the holistic needs of people will be needed.

3. Assessment

3.1. The inspection team assessed against their quality indicators (appendix 1) and had the following grades available to them.

| Grade | Heading | Meaning |
|-------|----------------|--|
| 6 | Excellent | Outstanding or sector leading |
| 5 | Very good | Major strengths |
| 4 | Good | Important strengths, with some areas for improvement |
| 3 | Adequate | Strengths just outweigh weaknesses |
| 2 | Weak | Important weaknesses - priority action required |
| 1 | Unsatisfactory | Major weaknesses - urgent remedial action required |

3.2. The following scores were then published as below.

| What key outcomes have integrated services | What impact have integrated service approaches | How far is our delivery of key processes | How good is our integrated management? | How good is our integrated leadership? |
|--|--|--|--|--|
|--|--|--|--|--|

| achieved for people who use our services and carers? | had on the lives of people who use our services and on other stakeholders? | integrated and effective? | | |
|---|---|----------------------------------|--|-----------------------------|
| 1. Key performance outcomes | 2. Experience of people | 5. Delivery of key processes | 6. Strategic planning, policy, quality and improvement | 9. Leadership and direction |
| Adequate | Adequate | Weak | Adequate | Weak |

4. Improvement Plan

- 4.1. Improvement plan developed by the Inspection Steering Group and other staff involved in the inspection through a workshop held on 17 December 2024. This then led to the draft improvement plan attached in appendix 2.
- 4.2. This was then approved by Chief Executives from all partner bodies on 24 January for submission to Care Inspectorate by 28 January.

5. Governance of Improvement Plan

- 5.1. Partner bodies will approve the submission of the improvement plan thereafter due to deadline for submission of 28 January 2025.
- 5.2. Clackmannanshire Council will approve at a future meeting.
- 5.3. Stirling Council will approve at a future meeting.
- 5.4. NHS Forth Valley will approve at next health board meeting on 28 January 2025.

6. Conclusions

- 6.1. Whilst recognising there are a range of improvements for health and social care integration, it is important to note the inspection team highlighted staff across the Partnership are working hard to support people living with mental illness in Clackmannanshire and Stirling. Their care and compassion contributed to good outcomes for some people and improved their quality of life.

7. Appendices

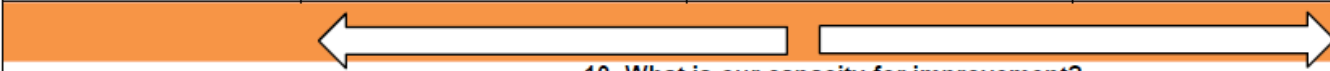
Appendix 1 – Quality Indicators

Appendix 2 – Improvement Plan

| | |
|---|--|
| Fit with Strategic Priorities: | |
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | |
| Other Resources: | |
| Legal: | |
| Risk & mitigation: | |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Appendix 1 – Quality Indicator Framework

Quality Improvement Framework

| Key Areas | What key outcomes have integrated services achieved for people who use our services and carers? | What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders? | How far is our delivery of key processes integrated and effective? | How good is our integrated management? | How good is our integrated leadership? |
|--------------------|--|---|--|--|---|
| | 1. Key performance outcomes | 2. Experience of people who use our services | 5. Delivery of key processes | 6. Strategic planning, policy, quality and improvement | 9. Leadership and direction |
| Quality Indicators | 1.2 People and carers have good health and wellbeing outcomes. | 2.1 People and carers have good experiences of integrated and person-centred health and social care. 2.2 People's and carers' experience of prevention and early intervention. 2.3 People's and carers' experience of information and decision-making in health and social care services. | 5.1 Processes are in place to support early intervention and prevention. 5.2 Processes are in place for integrated assessment, planning and delivering health and care. 5.4 Involvement of people and carers in making decisions about their health and social care support. | 6.5 Commissioning arrangements. | 9.3 Leadership of people across the partnership. 9.4 Leadership of change and improvement. |
| | | 3. Impact on staff | | 7. Management and support to staff | |
| | | Not included | | Not included | |
| | | 4. Impact on the community | | 8. Resources and capacity building | |
| | | Not included | | Not included | |
| |  | | | | |
| | 10. What is our capacity for improvement? Global judgement based on an evaluation of the framework of quality indicators. | | | | |

Appendix 2 – Improvement Plan

Appendix 2

Joint Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership

Improvement Plan January 2025

| | | |
|--------------------|--|-----------------|
| Version | Draft Improvement Plan | |
| Date | 21 January 2025 | |
| Responsible Owner | Joanna Macdonald, Interim Chief Officer | |
| Author | Wendy Forrest, Head of Strategic Planning and Lesley Fulford, Senior Planning Manager and Inspection Coordinator | |
| Approved by (Date) | Clackmannanshire Council | TBC |
| | Stirling Council | TBC |
| | NHS Forth Valley | 28 January 2025 |
| Endorsed by | Clackmannanshire and Stirling IJB | 29 January 2025 |

Inspection Question:

How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and well-being outcomes for adults?

Second theme:

People living with mental illness

On 8 April 2024, Clackmannanshire and Stirling IJB received notification from the Care Inspectorate and Health Improvement Scotland that they would be undertaking a joint inspection of Adult Services in the HSCP. There was a focus of the joint inspection on adults living with mental illness (under the age of 65) and their unpaid carers.

The focus of this plan relates to the key findings and areas for improvement identified by the inspection team.

It should be noted the Inspection team noted specific issues for the partnership:

- Unique challenges due to partnership make-up - only partnership in Scotland where there are two local authorities
- Delay in delegating specialist mental health services had an impact on the functioning of the partnership.
- Important weaknesses were identified as part of the inspection process; therefore, inspectors will arrange a follow up review at some point in the next 12 months.

The inspection team utilised their [Quality Indicators Framework](#), see appendix 1.

The reporting arrangements for this process for partnership are laid out in appendix 2.

This plan was developed in partnership with services in mental health across the spectrum, however, applies to all integrated services in the HSCP as principles are the same regardless of condition. An event was held in early December to go through the draft and discuss what needed to change and what could be built upon. This will continue as we progress towards improved integration.

For ease reporting arrangements are detailed below.

| GREEN (G) | AMBER (A) | BLUE (B) | RED (R) | WHITE (W) |
|-----------------------|--|---|---|----------------------|
| Successfully achieved | On Target <i>There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i> | On hold or awaiting update <i>There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i> | Not Met/Outstanding <i>There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i> | Task not yet started |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|---|---|-----------------------|--|-----------------|---|
| Q1 1 Key performance outcomes | | | | | |
| What key outcomes have integrated services achieved for people who use our services and carers? | | | | | |
| Area for Improvement 1.1 The partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement. | Implement HSCP Integrated Performance Framework to routinely monitor performance and outcomes of services for mental health services. Taking account of existing performance measures linked to NHS FV escalation and new national policy drivers e.g. Mental Health Standards. | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement | March 2025 | Improved performance across services |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|-----------------------|--|-----------------------|---|-----------------|--|
| | Identify key performance measures for mental health for measurement of outcomes for individuals and their carers. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | October 2025 | Work is underway |
| | Implement Self Directed Support outcomes focused assessment across integrated mental health teams. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | October 2025 | Work is underway |
| | Develop Short Breaks / Respite Policy for partnership. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | March 2025 | Work is underway |
| | Deliver learning and development on Carers Act requirements across mental health services including identification of carers, signposting for carers, assessment of carer needs and adult carers support planning. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | May 2025 | Work is underway through carers planning group improvement plan. |
| | Deliver refreshed contract arrangements with Carers Centres focused on once for C&S, focused on carer support as well as increased community awareness of community supports available and carers support linked to Self Directed Support. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | August 2025 | TBC |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|--|---|-----------------------|---|-----------------|---|
| | Deliver robust contract monitoring of carers services across third sector partners including promoting equality of access - geographically and focused on specific areas including mental health. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | October 2025 | TBC |
| Q1 2 Experience of people and their carers | | | | | |
| What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders? | | | | | |
| 2.1 The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use. | Develop Lived Experience Panel for mental health including support for individuals through Resilience Learning Partnership. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | September 2025 | |
| | Deliver new contract for advocacy services to address issue of independent advocacy service were not widely used to provide the appropriate support for some people and their carers. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | March 2026 | Improved experience of appropriate support for some people and their carers |
| | Further develop Lived Experience Panel for Self-Directed Support, ensuring that issues of carers of people with mental health issues are included. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | October 2025 | Increased participation in SDS group. |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|--|--|-----------------------|--|-----------------|--|
| | Support participation in partnership's Carers' Planning Group from mental health services. The group consists of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | June 2025 | Increased participation in the planning group. |
| Q1 5 Delivery of Key processes How far is our delivery of key processes integrated and effective? | | | | | |
| 5.1 The partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff | Processes to be developed to support integrated working across mental health NHS and social work teams. For example roll out of Self Directed Support outcomes focused assessment across mental health services in line with partnership's SDS Policy. | Interim Chief Officer | Director of Psychological Services Mental Health & Learning Disability / Head of Mental Health and Learning Disabilities / Head of Strategic Planning and Health Improvement, / Head of Health and | December 2025 | Increase in personalised outcomes for people. |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|---|---|-----------------------|---|-----------------|--|
| | | | Community Care | | |
| 5.2 The partnership should develop a more proactive approach to emergency and future care planning | Processes to be developed to support integrated working across mental health NHS and social work teams. For example, integrated risk assessments, care plans and business continuity plans. | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability | October 2025 | Increase in the number of documents shared appropriately. Reduction in data breaches reported. Improved safety for our supported people. |
| 5.3 The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use. | Roll out Community Conversations in 2024 - 2025 focused on available community support focused on SDS, home first and right care, right time. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | September 2025 | |
| 5.4 The partnership should progress plans to implement its Self Directed Support (SDS) Policy and improve outcome focused assessments. All options should be offered to people, with the necessary support systems in place, to | Roll out across all services the Assessment/Support Plan re-design based on Self Directed Support in line with SDS Policy. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | September 2025 | |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|--------------------------------------|--|-----------------------|--|-------------------|--|
| allow them to exercise their rights. | | | | | |
| | Continue to progress modernisation of both SW Recording systems within each local authority area. | Interim Chief Officer | Partner Bodies, Head of Strategic Planning and Health Improvement | February 2026 | |
| | Continue to deliver partnership with SDS Forth Valley on well worthwhile waiting project and right care, right time. Focused on early access for individuals and their carers to information, advice and support on Self Directed Support. | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement | Review April 2025 | Increased input by advocacy service. Increased referrals from the workforce to advocacy |
| | Continue to deliver training, learning and development in partnership with SDSFV, including gap analysis linked to training and development requirements across the HSCP. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | Review April 2025 | Increased confidence in SDS and how to deliver it in practice. |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|---|---|-----------------------|---|-----------------|---|
| | Support participation in partnership's SDS steering group from integrated mental health services. The group consists of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting. | Interim Chief Officer | Head of Strategic Planning and Health Improvement | June 2025 | Increased input of supported people in the SDS steering group. |
| 5.5 The partnership should review the assessment templates in use across services for people living with mental illness to support a greater focus on outcomes. | Undertake and implement recommended changes of assessment templates for sharing across organisational boundaries. | Interim Chief Officer | Head of Mental Health and Learning Disabilities | August 2025 | Implementation of recommended changes and increased sharing across organisational boundaries. |
| | Improve service effectiveness and efficiency by mapping the range of services available in the community (statutory or third sector) to support people with lived experience and their carers through prevention activity. | Interim Chief Officer | Head of Mental Health and Learning Disabilities | August 2025 | Increase in positive experience for people with lived experience. Reduction in staff levels of frustration. Reduction in waiting times. |
| Q1 6 Strategic planning, policy, quality and improvement. | | | | | |
| How good are commissioning arrangements in the partnership? | | | | | |
| The partnership should review the existing evidence and its wider approach to strategic planning at the earliest | Develop Mental Health and Wellbeing Strategic Commissioning Plan (Forth Valley wide) and align to Strategic Commissioning Plans for both IJBs as well as the developing NHSFV Healthcare Strategy. | Interim Chief Officer | Director of Psychological Services, Mental Health | June 2025 | Approval of Mental Health and Wellbeing Strategic Commissioning Plan |

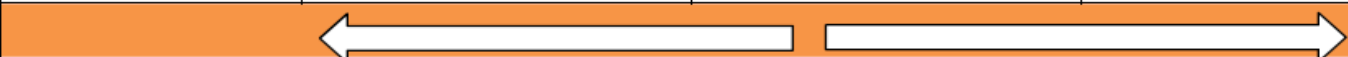
| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|---|---|-----------------------|--|-----------------|--|
| opportunity. Leaders should ensure that any initiatives that could rapidly improve outcomes for people living with mental illness and their carers. | Vision: To promote positive mental health & wellbeing for everyone and to improve outcomes for people with long term mental health conditions enabling every person to live well in Forth Valley. | | & Learning Disability | | |
| | Establish Commissioning Consortium for Mental Health and Wellbeing with clinicians, mental health teams, social care, social work, providers, those with lived experience and their carers | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement | March 2026 | Implementation of Mental Health and Wellbeing Strategic Commissioning Plan |
| | Employ Housing, Health and Social Work Research and Policy Officer | Interim Chief Officer | Head of Strategic Planning and Health Improvement | Complete | |
| | Undertake best value review of housing in the C&S area. | Interim Chief Officer | Head of Strategic Planning and | August 2025 | |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|---|---|-----------------------|---|-----------------|--|
| | | | Health Improvement | | |
| Q1 9 Leadership and direction How has integrated leadership in the partnership contributed to good outcomes for people and their unpaid carers? | | | | | |
| The partnership should strengthen its professional governance of social work functions. | Implement refreshed Clinical and Professional Governance across the partnership ensuring alignment with governance across NHSFV and both Council areas. | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability, Head of Community Health and Care | December 2025 | Work is underway and meetings are in the calendar for all relevant invitees. |
| Senior leaders should continue to develop their approach to managing change across the partnership. Frontline staff should be involved in designing and implementing improvements identified from self-evaluation activities. | Delivery of consistent and integrated support services across each constituent organisation to ensure effective systems and processes for staff. | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability, Head of Community Health and Care, Head of Strategic | December 2025 | Increased consistent support for staff. |

| Areas for improvement | Actions | Executive Lead | Delivery Lead | Completion Date | Measurement of impact & improved outcomes |
|-----------------------|--|-----------------------|---|-----------------|--|
| | | | Planning and Health Improvement | | |
| | Continue delivery of Transformation programme through appointment of Head of Mental Health and Learning Disabilities post including continued progress to support integrated working across CMHTs, MHOs, social care, social work, day services and perinatal mental health. | Interim Chief Officer | Director of Psychological Services, Mental Health & Learning Disability, Head of Mental Health and Learning Disabilities. | October 2025 | Post recruited to. Implement transformation activity. |

Appendix 1 – QI Framework

Quality Improvement Framework

| Key Areas | What key outcomes have integrated services achieved for people who use our services and carers? | What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders? | How far is our delivery of key processes integrated and effective? | How good is our integrated management? | How good is our integrated leadership? |
|---|---|---|--|--|--|
| | 1. Key performance outcomes | 2. Experience of people who use our services | 5. Delivery of key processes | 6. Strategic planning, policy, quality and improvement | 9. Leadership and direction |
| Quality Indicators | 1.2 People and carers have good health and wellbeing outcomes. | 2.1 People and carers have good experiences of integrated and person-centred health and social care. | 5.1 Processes are in place to support early intervention and prevention. | 6.5 Commissioning arrangements. | 9.3 Leadership of people across the partnership. |
| | | 2.2 People's and carers' experience of prevention and early intervention. | 5.2 Processes are in place for integrated assessment, planning and delivering health and care. | | 9.4 Leadership of change and improvement. |
| | | 2.3 People's and carers' experience of information and decision-making in health and social care services. | 5.4 Involvement of people and carers in making decisions about their health and social care support. | | |
| | | 3. Impact on staff | | 7. Management and support to staff | |
| | | Not included | | Not included | |
| | | 4. Impact on the community | | 8. Resources and capacity building | |
| | | Not included | | Not included | |
|  <p>10. What is our capacity for improvement? Global judgement based on an evaluation of the framework of quality indicators.</p> | | | | | |

Appendix 2 - Reporting Arrangements

The Clackmannanshire and Stirling Mental Health Inspection Steering Group was established to support the inspection. The Steering Group will retain oversight of this Improvement Plan as part of their function through receiving quarterly reports from action leads.

| GREEN (G) | AMBER (A) | BLUE (B) | RED (R) | WHITE (W) |
|-----------------------|--|---|---|----------------------|
| Successfully achieved | On Target <i>There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i> | On hold or awaiting update <i>There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i> | Not Met/Outstanding <i>There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i> | Task not yet started |

Improvement Plan

The overarching priorities of this plan will evidence highly effective outcomes for adults with a mental illness and their unpaid carers by ensuring:

- The Partnership will evidence highly effective key processes to keep adults safe, protected and supported
- The Partnership will evidence highly effective support to carers
- The Partnership will evidence highly effective strategic leadership
- The Partnership will evidence highly effective approaches to integrated care and performance reporting.

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 10

Financial Report

For Assurance

| | |
|--|------------------------------------|
| Paper Approved for Submission by: | Joanna MacDonald, Chief Officer |
| Paper presented by | Ewan Murray, Chief Finance Officer |
| Author(s) | Ewan Murray, Chief Finance Officer |
| Exempt Report | No |

| Directions | |
|--------------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|---|
| Purpose of Report: | To provide the Integration Joint Board with an overview of projected financial performance for financial year 2024/25 |
|---------------------------|---|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the projected outturn based on financial performance to Month 8, specifically the high likelihood of significant overspend in the current financial year. 2) Note the Integrated Finance Report including narrative on areas of significant variance and update in respect of the Set Aside Budget for Large Hospital Services. (Sections 3 and 4) 3) Note the Transformation and Savings Programme progress (Section 5 and Appendix 1) |
|-------------------------|---|

| | |
|------------------------------|--|
| Key issues and risks: | Based on best available information and the partnership budget continues to be at substantial risk of overspend for the 2024/25 financial year unless further significant corrective action is taken and/or additional funding support is forthcoming. |
|------------------------------|--|

1. Background

- 1.1. The IJB set a technically balanced revenue budget for 24/25 at its meeting of 27 March 2024. This incorporated a savings requirement of £10.094m with reserves of £3.947m being held to meet the residual financial gap. This exhausted all general reserves meaning that it is critical that savings requirements are delivered in full within the financial year.
- 1.2. As a result of the level of risk associated with the revenue budget the financial resilience risk scoring within the IJBs strategic risk register was increased to 25, the highest possible level.

- 1.3. From discussions with Chief Officers and Chief Finance Officers groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees. To this end we continue to observe and discuss approaches and learning with peer partnerships across Scotland.
- 1.4. Options for financial recovery were presented within papers presented to the IJB in November 2024. There was no agreement to instruct the then Interim Chief Officer to implement many of these and the decisions and directions issued by the IJB at that point were estimated to bring the overspend on the Integrated Budget to £11.456m. The need to continue to pursue all available efforts to reduce the level of overspend as far as possible was strongly emphasised at this point in time.
- 1.5. The issues set out in this report echo the key messages contained within the Accounts Commission report on Integration Joint Boards' Finance and Performance 2024 published on July 25, 2024.

2. Overview of Projected Outturn

- 2.1. The projections detailed within this report are based on financial performance to Month 8 (November) and are based on this and other best available information at time of writing.
- 2.2. The financial report presented to the November IJB meeting detailed a projected overspend on the Integrated Budget of £12.924m which was estimated to be reduced to £11.456m through various actions and decisions contained within the financial recovery plan paper also presented to that meeting.
- 2.3. The Integrated Budget projection of an overspend of £12.463m is an £0.461m positive movement from the projections incorporated within the report to the IJB on 20 November 2024. This is mainly due to improvements in the delegated health budgets including primary care prescribing. Given, in particular, further improvement in Primary Care Prescribing is envisaged as the impact of the 2024/25 Prescribing Improvement Initiative impacts future months data it is currently envisaged that the £11.456m projected overspend after financial recovery measures is achievable. Winter pressures and any further unforeseen volatility in prescribing costs over the remaining months of the financial year may, however, have an adverse impact and therefore be a risk to this assumption.
- 2.4. There are several key areas or drivers of financial pressure, and these are common with most other areas across Scotland to varying degrees. These are:
 - Family Health Services Prescribing Costs and Volumes
 - Unfunded Provision including Beds remaining in system (also referred to as unfunded contingency beds/UCBs) and legacy costs previously covered by covid funding.
 - Temporary Workforce Costs
 - Lack of Traction on Delivery of Efficiency and Savings Programmes

- Inflationary cost pressures
 - Demand driven increases in volume and complexity of care requirements.
 - Costs of Care Packages transitioning from Children's Services
- 2.5. It is also worthy of note that initial benchmarking activity would suggest that available funding per head of adult population in Clackmannanshire and Stirling is materially below peer partnerships/ local authorities which may be contributing to the scale of our overspend. Information has been shared with the Council Chief Finance Officers and is also highlighted within the IJB Business Case presented to this meeting.
- 2.6. The projections also reflect the cost of the 3.2% increase in local government pay on the assumption the differential between this and the pay deal being implemented will be funded. There is some risk to this assumption as this is dependent upon sufficient funding being passed to each local authority a share of which should then be passported to the IJB budget. This remains a risk until there is fully clarity on funding arrangements. 3.2% is above the planning assumption of 3% used at budget setting. The marginal cost implication of this is approximately £0.040m.
- 2.7. The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and this will be the case for 2024/25 also subject to whole system efforts to eliminate unfunded contingency beds and reduce delays to discharge. The projection for the set aside budget contained within the integrated financial report is subject to further review as efforts continue to remove costs when opportunities arise but may also be adversely impacted by winter pressures including ongoing and increased reliance on contingency bed capacity and associated temporary workforce costs.

3. Integrated Financial Report

- 3.1. The table below forms the agreed basis of integrated financial performance to the IJB. Where there are material variances against budget a brief narrative will be provided to give further information on the key issues and drivers.
- 3.2. This format has the benefit of examining the partnership budget on a service and care group basis rather than along organisational silos supporting the IJBs accountability for achieving maximum benefit from public resources at its disposal or to put in another way from the 'Clackmannanshire and Stirling £'.

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2024-25
M8

| Service Area | Annual Budget £000 | Forecast Expenditure £000 | Forecast Variance £000 |
|---|-----------------------|------------------------------|---------------------------|
| Community Nursing | 5,253 | 5,005 | 248 |
| Complex Care Adults | 1,371 | 1,974 | (603) |
| Clackmannanshire Community Healthcare Centre | 3,129 | 3,581 | (452) |
| The Bellfield Centre | 8,763 | 8,838 | (75) |
| Palliative Care in the Community | 26 | 29 | (3) |
| Older People/Physical Disabilities - Residential | 24,371 | 28,740 | (4,370) |
| Older People/Physical Disabilities - Non Residential | 24,126 | 28,937 | (4,811) |
| Learning Disabilities - Residential | 6,155 | 5,915 | 239 |
| Learning Disabilities - Non Residential | 25,322 | 27,251 | (1,929) |
| Mental Health - Residential | 2,083 | 2,438 | (355) |
| Mental Health - Non Residential | 8,967 | 8,334 | 632 |
| Assessment & Care Management | 9,152 | 8,868 | 284 |
| Reablement | 12,652 | 11,881 | 771 |
| Housing Aids & Adaptations | 835 | 835 | - |
| Health Promotion, Health Improvement & Corporate Services | 2,533 | 2,399 | 134 |
| Addictions | 4,240 | 4,274 | (34) |
| Public Dental Service | 1,408 | 1,411 | (3) |
| | | | |
| Management & Other | 2,699 | 2,312 | 387 |
| Community Admin | 1,669 | 1,484 | 185 |
| Transformation Funds | 2,596 | 1,996 | 600 |
| Leadership Funds | - | - | - |
| Cs Community Living Change Fund | 512 | 262 | 250 |
| Resource Transfer & Pass Through Funds | (830) | (777) | (53) |
| | | | |
| Family Health Services | 52,385 | 52,425 | (40) |
| GP Out of Hours Services | 2,861 | 2,645 | 216 |
| Primary Care Improvement Plan | 4,816 | 4,816 | - |
| Prescribing | 31,992 | 39,621 | (7,629) |
| Community Pharmaceutical Services | - | - | - |
| Vaccinations (Woman & Children Team) | - | - | - |
| | | | |
| Contribution from reserves per revenue budget | 3,947 | - | 3,947 |
| | | | |
| Integrated Budget Total | 243,031 | 255,494 | (12,463) |
| | | | |
| Set Aside Budget for Large Hospital Services | 36,025 | 41,823 | (5,798) |
| Set Aside Total | 36,025 | 41,823 | (5,798) |
| | | | |
| Partnership Total | 279,056 | 297,317 | (18,261) |

Areas of Material Variance

1. Complex Care – (projected £0.603m overspend) related to costs associated with patients / service users cared for under complex care arrangements. These are often patients who would have previously required hospital care, and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient.
2. Community Hospitals and Bellfield Centre (projected £0.527m overspend) - relates to the wards at Clackmannanshire Community Healthcare Centre and Intermediate Care Beds at the Bellfield Centre. These areas experience increases in temporary workforce costs during the past 2 financial years and there have been additional beds open in Bellfield as part of whole systems responses to Covid and system pressures over and above beds run by acute services within the centre. The Bellfield centre is projected to be in monthly balance from hereon in as plans to remove unfunded provision have been enacted with the removal of 24 beds in total across the two sites by 4 October and associated staffing costs, particularly temporary workforce costs are consequently removed. In relation to CCHC ongoing cost pressures are being experienced due high absence rates and associated temporary workforce costs to ensure safe staffing levels are maintained. Ongoing management action and professional nursing support is in place to assist in mitigating this however this is not resulting in an observable reduction in costs to date.
3. Older People/Physical Disabilities – Residential – relates to use of placements in Care Homes. Care Home placements are now significantly in excess of pre Covid levels and an increase was observed across both Clackmannanshire and Stirling. A resource allocation group (RAG) has been implemented to ensure control and monitor appropriateness of placements. At month 8 the impact of this has been minimal and there has been an increase rather than a planned decrease in Rural Stirling (up 21 since 31 March 2024 an increase of 15%) with a relatively static position being observed in Urban Stirling and Clackmannanshire localities.
4. Older People / Physical Disabilities – Non-Residential. This is predominantly Care at Home which, whilst projecting an overspend is interdependent with hospital and residential care. In the Stirling localities the number of service users and weekly hours has increased more markedly in Rural Stirling than Urban Stirling (Rural Care at Home service users up 11.4% and hours up 12.4% since March 2024 Urban Stirling service users up 7.5% and hours up 7.7%). Care at home hours in Clackmannanshire locality have increased by 3.5% since the March 2024 across all care groups. Care at home is generally more cost effective than residential care and is, often, the place of choice for service users. The increases in both residential and non-residential provision highlight the

level of demand on the Partnership, demand that there is a statutory duty on both Councils to provide.

5. Mental Health Residential – this relates to social care residential placements. Inpatient hospital mental health currently sits within the Set Aside budget.
6. Learning Disabilities – this includes impact of lack of traction to date on savings delivery and significant additional cost of care packages transitioning from Children's Services.
7. Across all care groups. Whilst it is difficult to provide empirical evidence there appears to be a significant growth in high tariff complex care packages required for service users. A monthly Senior Resource Allocation Group (SRAG) has been established which scrutinises requests >£52k per annum (or £1000 per week) and considers these for approval in line with assessed need and eligibility criteria. Over time this should provide better evidence of presenting need. Anecdotal evidence from peer partnerships suggests this is being experienced across Scotland.
8. Reablement – The projection includes underspend on the AHP element of the Rapid Respond Team for posts not fully recruited to. The associated Scottish Government allocation letter has now been received and the funding provided is less than anticipated. Whilst this does not immediately create an additional financial pressure the commitments and staffing model will require to be further reviewed to be sustainable going forward.
9. GP Out of Hours Service – Out of hours primary care services provided on a pan FV basis now hosted by Falkirk partnership. Budget and variance reflect a population-based share.
10. Prescribing – Cost associated with drugs and other therapeutics (such as some dressings etc.) prescribed in Primary Care by GPs and other primary care prescribers such as nurse prescribers. This is the most material element of projected overspend in the Integrated Budget.

We have now received prescribing data to October 2024. April and May data illustrated significant volume increases in comparison to the same months in the previous year (9.0% and 8.2%) however this has fallen since that point to a 4.7% cumulative increase for the year to date.

For the year to October prescribing volumes across Forth Valley have increased by 4.7% and overall costs by 5.8% for the year to date.

The impacts of the 2024/25 Prescribing Improvement Initiative, drug tariff changes and Polypharmacy reviews are anticipated to have a positive impact on prescribing costs in coming months which should result in further improvements in the projections in the remaining months of the financial year. Prescribing costs and volumes are often volatile though and therefore difficult to forecast accurately and winter pressures including high respiratory and flu levels may have an impact in December and January

cost and volumes including items dispensed through Community Pharmacies in relation to the Pharmacy First service.

4. Set Aside Budget for Large Hospital Services

- 4.1. As has previously been reported the financial pressures in relation to the Set Aside budget are predominantly related to unfunded contingency beds (UCBs) and associated supplementary staffing costs. There continues to be significant whole system effort to reduce UCBs. The projections below illustrate a relatively stable overall position from the Month 8 with projection reported to the November IJB with some movement between specialities. The table below provides a further analysis of this including narrative on cost drivers. Given the pressures the Health and Social Care system has faced over winter so far there is significant risk some of the projections below will worsen.

| Set Aside Speciality | Annual Budget | Projected Variance | Narrative |
|---------------------------------|---------------|-----------------------------|---|
| | £'000 | Under/ (Overspend) £'000 | |
| Accident and Emergency Services | 11,553 | (2,564) | Use of supplementary staffing in Emergency Dept and Ambulatory and Clinical Assessment. |
| General Medicine | 3,760 | (651) | Mainly staffing overspend in relation to absence over several wards and continued use of contingency beds. |
| Geriatric Medicine | 6,339 | (863) | Mainly staffing overspend in relation to absence and contingency beds (UCBs). Improvement due to reduction in UCBs. Reduction in supplementary staffing in month. |
| Rehab Medicine | 2,008 | (1,304) | Unfunded bed capacity and other wards plus absence cover. Improvement due to reduction absence in month. |
| Respiratory Medicine | 2,454 | (14) | Mainly in relation to respiratory drug pressures. |
| Learning Disabilities | 1,398 | (39) | Use of temporary workforce to cover vacancies. |
| Palliative Care | 1,422 | 0 | |
| Mental Health | 7,090 | (363) | Use of temporary workforce. Projection reduced since month 6. |
| Total Set Aside | 36,024 | (5,798) | |

- 4.2. These projections are based on current unfunded contingency bed (UCB) capacity within the system currently and illustrate the financial imperative for effective whole system working to eliminate reliance on these.

5. Transformation and Savings Programme Progress

- 5.1. As detailed above there is a lack of traction to date in delivery of the transformation and savings programme. Integration Authorities financial overview reports highlight this as a theme across Scotland.
- 5.2. An assessment of projected savings delivery is appended to this report as Appendix 1, and this includes some notes/analysis as requested at the October IJB meeting. Based on best information available at Month 8 £4.694M or 46.5% of the planned transformation and savings programme are estimated to be achievable in year although this excludes any potential

savings from polypharmacy reviews where evidence will be gathered as the work progresses.

- 5.3. To put this in the context of savings delivery in 2023/24 this totalled £2.116m in relation to the Integrated Budget (48% of target).
- 5.4. The narrative within the financial recovery report to the November IJB meeting on Prescribing Care Prescribing set out the positive progress on delivering value-based cost improvements. In relation to the removal of all unfunded provision all unfunded bed provision will have been removed from the system by 4 October 2024 illustrating further positive progress being made on a continual basis. Despite this we are not yet observing material improvement in the overall projections.

6. Key Control Actions in Place

- 6.1. Whilst the projection scenarios set out in this report are concerning it is important to continue to robustly follow the key control actions have been put in place to date. The key elements of this are:
 - Vacancy Control Panel. All vacancy requests are now initially screened by the relevant Head of Service then considered by the Chief Officer and Chief Finance Officer at a monthly vacancy panel unless more urgent consideration is required on a risk basis.
 - Resource allocation group (RAG) model for long term care admissions although as detailed above the intended impact is not yet being observed.
 - Monthly Senior Resource Allocation Group (SRAG) where any high tariff (over £52k per annum/£1k per week) cases for care require to be presented to SRAG (which consists of the Interim Chief Officer and Chief Finance Officer) for approval. By the time the IJB meets SRAG will have met 9 times since its establishment including extraordinary meetings for urgent requests.
 - Monthly project management oversight and scrutiny of the transformation programme and associated savings and implementation progress. Further work is ongoing to improve this with further development in reporting required including improving activity and impact reporting within the significant limitations of data held within and functionality of recording systems.

7. Reserves

- 7.1. The revenue budget approved by the IJB in March 2024 protected all general reserves and repurposed some earmarked reserves in order that a technically balanced budget could be set. The projections incorporated in the paper illustrate that these reserves will be completely exhausted in year.
- 7.2. Other earmarked reserves held are mostly in relation to prior year financial allocations from Scottish Government with specific purposes and mostly manage timing differences between receipt of allocations and expenditure and

funds earmarked on an invest to save basis to support plans around Primary Care Prescribing and Adult Social Care review team. As Scottish Government in now seeking to manage such slippage at portfolio level earmarked reserve levels are falling significantly. Ongoing review of projected earmarked reserves at 31 March 2025 suggests a balance of around £1m is likely.

- 7.3. At budget setting £3.947m of general and earmarked reserves were 'protected' to permit approval of a technically balanced budget. At this point it the basis of allocation of these across the constituent authorities wasn't explicitly considered as the focus required to be on delivering balance and in this scenario this would have been academic. However, given the current projection and content of the financial recovery plan options paper to the November IJB this requires to be considered as part of risk share discussions between the constituent authorities.

8. Conclusion

- 8.1. This report continues to set out a deeply concerning position both for the IJB and its constituent authorities. Whilst these issues and pressures are being experienced in partnerships across Scotland we require to continue to focus on sustainable options and solutions on a whole system basis and untap, at pace, the further opportunities to reduce expenditure and bring the budget into balance.
- 8.2. Progressing with plans and approaches to manage these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership and constituent authorities over the remainder of this financial year and beyond.
- 8.3. Given the projected overspend will not be recovered in the current financial year agreement on how this will be met between the constituent authorities requires to be reached. At the time of writing this matter had not yet been concluded.

9. Appendices

Appendix 1 – Assessment of Transformation and Savings Programme Delivery Based on Month 8
 Appendix 2 – Reconciliation of Total Strategic Plan Budget
 Appendix 3 – 24/25 Directions Log

| Fit with Strategic Priorities: | |
|---|-------------------------------------|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting Empowered People and Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |

| | |
|-----------------------------------|--|
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | Per body of report. |
| Other Resources: | As detailed. |
| Legal: | There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable planning. The financial position and possible implications of risk share has significant risk to the IJB and constituent authority's abilities to meet statutory obligations. |
| Risk & mitigation: | <p>The IJB is at high risk of overspending based in 2024/25 based on expenditure trends and significant reduction in spend on a recurrent basis is required to mitigate this risk.</p> <p>Financial resilience is scored 25, the highest possible score, in the IJBs Strategic Risk Register.</p> |
| Equality and Human Rights: | The content of this report <u>does not</u> require an EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Appendix 1 – Assessment of Savings and Transformation Plan Delivery

| | | | | | |
|---|---|-------|-----------------|---|-------------------|
| Appendix 1 | | | | | |
| Clackmannanshire and Stirling Health and Social Care Partnership | | | | | |
| | | | Approved Target | Projected Delivery in | |
| Assessment on Transformation Savings Programme 2024/25 | | | £m | Year Based on M8 | Notes/ Commentary |
| | | | | £m | |
| Remove Unfunded Provisions | | | | | |
| Remove Non Recurrent Costs supported by Covid funding | | | | | |
| | Additional Beds and Associated Staffing | 1.270 | 1.073 | Unfunded beds fully removed including reducing Bellfield bed complement to sustainable bed complement. | |
| | IT equipment | 0.028 | 0.028 | 23/24 cost only | |
| | Agency and Additional Staffing Costs | 0.570 | 0.497 | | |
| | PC Rural Vax | 0.020 | 0.020 | 23/24 cost only | |
| | LTC Exceptional Demand | 0.483 | 0.483 | 23/24 cost only | |
| CCHC2 Reduce to sustainable bed complement | | | | | |
| | | 0.350 | 0.233 | Bed Reduction implemented but cost pressures across CCHC wards relate to maintaining safe staffing driven by high absence rates. | |
| Right Care Right Time | | | | | |
| Care at Home Review Team | | | | | |
| | | 0.710 | 0.245 | Estimate based on reporting to November transformation progress meeting. Risk re Clacks progress as no review team staff now in place. | |
| RAG for LTC Admissions | | | | | |
| | | 1.305 | 0.164 | Minimal traction observable. Rural and Clacks numbers in independent sector relatively static. Rural Stirling up 21. Clacks reduction has been in Menstrie House which reflects saving reported. | |
| Full and Systematic Implementation of Revised SDS Provision | | | | | |
| | | 0.589 | 0.000 | As using equivalency model no observable cost reductions. | |
| Review and Reform of LD Services (including SDS implementation) | | | | | |
| | | 1.411 | 0.000 | Limited traction to date with no observable cost reduction. In part due to vacancies and service pressures. Specific paper to November 24 and March 25 on future plans. | |
| Primary Care Medicines Optimisation | | | | | |
| Technical Switches/Formulary Review/ Care Home Prescribing | | | | | |
| | | 1.007 | 0.830 | Based on most recent PCMRG report Financial and non-financial evidence will be gathered as reviews progress. FV evidence to date suggests significant scope but moderate savings as reduced or stopped medicines tend to be lower cost items e.g. Omeprazole. There is likely to be some benefit being delivered but not yet robustly quantifiable. | |
| Polypharmacy/ Reducing Medicines Waste | | | | | |
| | | 0.702 | 0.000 | | |
| Maximising Charging Income | | | | | |
| | | 0.300 | 0.158 | Difficult to separate impact from growing activity and application of extant charging policies. Need for Councils to review and reform charging/contribution policies identified and second draft being drafted by IJB CFO for Council s95 | |
| Strategic Commissioning Aligned to SCP Priorities | | | | | |
| | | 0.068 | 0.068 | | |
| Officer Actions/Grip and Control | | | | | |
| Rationalisation of CMN roles | | | | | |
| | | 0.078 | 0.078 | Complete | |
| Deletion of Service Improvement Manager | | | | | |
| | | 0.065 | 0.065 | Complete | |
| Restructure of Planning and Performance Team | | | | | |
| | | 0.026 | 0.026 | Complete | |
| Uncommitted Transformation Funding | | | | | |
| | | 0.600 | 0.600 | Per Revenue budget | |
| Westmarc | | | | | |
| | | 0.148 | 0.000 | work on mapping and pathways required across system of community equipment required. Longer term work will be built into 25/26> delivery plan. | |
| Public Dental Service | | | | | |
| | | 0.051 | 0.048 | £0.003m residual overspend projected at M8 | |
| Complex Care | | | | | |
| | | 0.309 | 0.073 | projected overspend has increased since M6 by 13k. Target was to reduce overspend. | |
| Rapid Team Skill Mix | | | | | |
| | | 0.005 | 0.005 | Complete | |
| Total | | | 10.095 | 4.694 | |
| As % of target | | | | 46.5% | |

Appendix 2 – Reconciliation of Strategic Commissioning Plan Budget

Clackmannanshire & Stirling Health & Social Care Partnership
 Budget Control
 Financial Year 2024/25
 M8

| | NHS Forth Valley £m | Local Authority £m | Combined IJB Budget £m | NHS Set Aside £m | NHS Non Set Aside £m | Clackmannanshire Council £m | Stirling Council £m |
|---|------------------------|-----------------------|---------------------------|---------------------|-------------------------|--------------------------------|------------------------|
| Original Agreed Budget as per March IJB | 173.923 | 83.461 | 257.384 | 32.121 | 141.802 | 28.762 | 54.699 |
| 23/24 recurring funding allocations post revenue plan | 2.757 | - | 2.757 | 0.148 | 2.609 | - | - |
| Housing funding allocation | - | 0.835 | 0.835 | - | - | - | 0.835 |
| Opening Budget 24/25 | 176.680 | 84.296 | 260.977 | 32.269 | 144.411 | 28.762 | 55.534 |
| In Year Funding: | | | | | | | |
| MH Action 15 | 0.931 | - | 0.931 | - | 0.931 | - | - |
| MH Outcomes Framework | 0.356 | - | 0.356 | - | 0.356 | - | - |
| AHP Rapid Team (MDT Funding) | 0.644 | - | 0.644 | - | 0.644 | - | - |
| Alcohol & Drugs Partnership | 1.066 | - | 1.066 | - | 1.066 | - | - |
| Prescribing Tariff Increase | 0.583 | - | 0.583 | - | 0.583 | - | - |
| Primary Care Improvement Plan | 1.570 | - | 1.570 | - | 1.570 | - | - |
| New Drugs And Medicines Fund 2024/25 | 0.556 | - | 0.556 | 0.556 | - | - | - |
| Urgent Care Centre SDEC | 0.954 | - | 0.954 | 0.954 | - | - | - |
| GMS Enhanced Services 2024/25 | 0.877 | - | 0.877 | - | 0.877 | - | - |
| Emp Pension 24/25 Uplift | 0.732 | - | 0.732 | 0.355 | 0.378 | - | - |
| A4C Pay Uplift | 2.982 | - | 2.982 | 1.299 | 1.682 | - | - |
| District Nurse Posts | 0.297 | - | 0.297 | - | 0.297 | - | - |
| Band 2>3 Regrading | 0.336 | - | 0.336 | 0.197 | 0.139 | - | - |
| Pay Award and SW Regrading | - | 0.287 | 0.287 | - | - | - | 0.287 |
| Delayed Discharge Funding | 0.386 | - | 0.386 | 0.020 | 0.366 | - | - |
| Other Funding Allocations | 0.949 | - | 0.949 | 0.351 | 0.598 | - | - |
| In Year Funding Total | 13.219 | 0.287 | 13.506 | 3.731 | 9.488 | - | 0.287 |
| Budget Virement: | | | | | | | |
| Misc. budget adjustments | (0.192) | - | (0.192) | (0.076) | (0.117) | - | - |
| Budget Virement Total | (0.192) | - | (0.192) | (0.076) | (0.117) | - | - |
| Reserve Transfers: | | | | | | | |
| Alcohol & Drugs Partnership | 0.259 | - | 0.259 | - | 0.259 | - | - |
| Community Living Change Fund | 0.512 | - | 0.512 | - | 0.512 | - | - |
| Other Earmarked Reserve Use | 0.049 | - | 0.049 | - | 0.049 | - | - |
| Reserve Transfers Total | 0.821 | - | 0.821 | - | 0.821 | - | - |
| IJB Budget as at 30 November 2024 (M8) | 190.528 | 84.583 | 275.112 | 35.925 | 154.604 | 28.762 | 55.821 |

Appendix 3 – Directions Log

Clackmannanshire and Stirling IJB
2024/25 Directions Log

| Reference Number | Report Title | Direction to | Text/Summary of Direction | Services / Functions Covered | Date Issued | Status | Link to IJB paper | Most Recent Review | Planned Review Date |
|------------------|--|--|--|--|-------------|---------|--|--------------------|---------------------|
| CSUB-2024_25/001 | IJB Revenue Budget 2024/25 | NHS Forth Valley, Clackmannanshire Council, Stirling Council | Direction of IJB Revenue Budget and incorporated savings | Revenue Budget 2024-25 and Medium Term Financial Outlook | 27-Mar-24 | Current | IJB-27.03.24-v2.pdf (clacksandstirlinghscop.org) | 27-Mar-24 | Mar-25 |
| CSUB-2024_25/002 | Palliative and End of Life Care | NHS Forth Valley, Clackmannanshire Council, Stirling Council | are directed to support their HSCP employees to coordinate and be engaged in the development of this strategic commissioning plan as required and appropriate | All staff and services that are engaged in the planning, commissioning and provision of palliative and end of life care. | 27-Mar-24 | Current | IJB-27.03.24-v2.pdf (clacksandstirlinghscop.org) | 27-Mar-24 | Nov-24 |
| CSUB-2024_25/003 | Financial Report | Clackmannanshire Council, Stirling Council | From 8 April 2024 implement the agreed settlement including revised rates for the National Care Home Contract per joint letter from COSLA, Scottish Care and Scotland Excel dated 21 March 24 | Care Homes | 19-Jun-24 | Current | IJB Meeting 19 June 2024 (clacksandstirlinghscop.org) | 19-Jun-24 | Mar-25 |
| CSUB-2024_25/004 | Self Directed Support Policy | Clackmannanshire Council, Stirling Council | are directed to support their employees to implement the Self Directed Support policy as approved by the IJB on 19 June 2024 | Adult Social Care Functions | 19-Jun-24 | Current | IJB Meeting 19 June 2024 (clacksandstirlinghscop.org) | 19-Jun-24 | Mar-25 |
| CSUB-2024_25/005 | Developing a Mental Health and Wellbeing Strategic Commissioning Plan for Forth Valley | NHS Forth Valley, Clackmannanshire Council, Stirling Council | are directed to support their employees to lead, coordinate and engage in the development of the MH&W Strategy as required | as listed in direction | 19-Jun-24 | Current | IJB Meeting 19 June 2024 (clacksandstirlinghscop.org) | 19-Jun-24 | Mar-25 |
| CSUB-2024_25/006 | ADP Commissioning | NHS Forth Valley, Clackmannanshire Council, Stirling Council | are directed to sustain their current overall financial support of ADP-funded activity and to support their employees to deliver the approach outlined in this paper | Substance Use Services, Primary Care, 3rd sector, C&S Strategic Planning Service | 07-Aug-24 | Current | Wednesday-7-August-2024.pdf | 07-Aug-24 | Feb-25 |
| CSUB-2024_25/007 | Commissioning Approach for Dementia (Post Diagnostic Support) | NHS Forth Valley, Clackmannanshire Council, Stirling Council | are directed to support their employees to implement the Model of Care for Dementia | commissioned support for those individuals living with dementia | 02-Oct-24 | Current | IJB-Meeting-Wednesday-2-Oct-24 | 02-Oct-24 | Mar-25 |
| CSUB-2024_25/008 | Independent Advocacy Commissioning Plan | NHS Forth Valley, Clackmannanshire Council, Stirling Council | are directed to support their employees to implement the Independent Advocacy Strategic Commissioning Plan | all adult social care services | 02-Oct-24 | Current | IJB-Meeting-Wednesday-2-Oct-24 | 02-Oct-24 | Aug-25 |
| CSUB-2024_25/009 | Commissioning a change to the model of long-term care for older adults | NOT APPROVED OR ISSUED | | | | | | | |
| CSUB-2024_25/010 | Implementing the Clacks and Stirling SDS Policy for Adults with Learning Disability | Clackmannanshire Council, Stirling Council | are directed to support their employees within the HSCP to progress the development of proposals that will result in change to the historical commissioning from both Councils for delivery of 2 day centres across the Integration Authority | LD Day Care | 20-Nov-24 | Current | IJB-Meeting-Wednesday-20-Nov-24 | 20-Nov-24 | Mar-25 |
| CSUB-2024_25/011 | FV Palliative and End of Life Care Commissioning Plan | NHS Forth Valley, Clackmannanshire Council, Stirling Council | are directed to support their employees to progress the development of an implementation plan to deliver the strategic commissioning intentions set out in the PEOLC Strategic Commissioning Plan using a commissioning consortium approach with key stakeholders. Pausing on non recurrent basis planned non statutory expenditure in 24/25 | Inpatient and Community healthcare provision, Residential and non residential social care support. | 20-Nov-24 | Current | IJB-Meeting-Wednesday-20-Nov-24 | 20-Nov-24 | Mar-25 |
| CSUB-2024_25/012 | Financial Recovery Plan | NHS Forth Valley | Utilise non-recurrent flexibility on SG allocation as contribution to projected overspend | Delegated integration functions | 20-Nov-24 | Current | IJB-Meeting-Wednesday-20-Nov-24 | 20-Nov-24 | Mar-25 |
| CSUB-2024_25/013 | Financial Recovery Plan | NHS Forth Valley | Non recurrent voluntary staff hours reductions in Psychological Services | Delegated integration functions | 20-Nov-24 | Current | IJB-Meeting-Wednesday-20-Nov-24 | 20-Nov-24 | Mar-25 |
| CSUB-2024_25/014 | Financial Recovery Plan | NHS Forth Valley | | Psychological Services | 20-Nov-24 | Current | IJB-Meeting-Wednesday-20-Nov-24 | 20-Nov-24 | Mar-25 |

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 11

Ministerial Strategic Group Review

For Approval

| | |
|--|--|
| Paper Approved for Submission by: | Joanna Macdonald, Interim Chief Officer |
| Paper presented by | Wendy Forrest, Head of Strategic Planning and Health Improvement |
| Author | Lisa Powell, Planning and Policy Development Manager |
| Exempt Report | No |

| Directions | |
|--------------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|--|
| Purpose of Report: | The purpose of this report is to summarise activity to date and next steps in relation to the Ministerial Steering Group (MSG) Review. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board (IJB) is asked to:</p> <ol style="list-style-type: none"> 1) Note the content within the report. 2) Agree the development of an updated improvement plan for consideration at the next IJB meeting in March 2025 |
|-------------------------|---|

| | |
|------------------------------|--|
| Key issues and risks: | Risk of under-achievement in relation to the Public Bodies Act resulting in significant financial challenge based on non-integrated commissioning decisions. |
|------------------------------|--|

1. Background

- 1.1. The Ministerial Strategic Group (MSG) for Health and Community Care had overall responsibility for policy matters that span the local government / NHS Scotland interface. This group was a key forum for taking forward the Convention of Scottish Local Authorities (COSLA) and the Scottish Government's joint political leadership of health and social care integration. Its responsibilities were grouped under three broad categories: assurance and risk; monitoring delivery; and improvement and good practice.
- 1.2. In late 2018-19, the MSG commissioned a Review of Progress of Health and Social Care Integration across Scotland. This Review was undertaken due to recognised under achievement and under delivery against the ambitions of the Public Bodies legislation.
- 1.3. The Review identified six areas where it was recognised that across Scotland much work needed to be progressed, these were:
 - Collaborative Leadership and Building Relationships
 - Integrated Finances and Financial Planning
 - Effective Strategic Planning for Improvement
 - Agreed Governance and Accountability Arrangements
 - Ability and Willingness to Share Information
 - Meaningful and Sustained Engagement

2. Introduction

- 2.1. This paper follows on from one presented by the previous Interim Chief Officer, David Williams, at the IJB on 19 June 2024 (agenda item 11). Further details from that paper are used to provide additional information regarding the current position.
- 2.2. In 2019, the MSG Review of Progress of Integration across Scotland resulted in all 31 Partnerships undertaking a self-assessment of performance against the six areas and sub-areas identified as contributing to integration across Scotland not being at the level that Scottish Government expected by 2019.
- 2.3. An improvement plan was developed and approved by the IJB in the Autumn of 2019, and submitted to Scottish Government as required. In March 2020, the COVID-19 pandemic struck, and this improvement work has not been revisited since as the emphasis in all systems has been on recovery.
- 2.4. Following agreement between the previous Interim Chief Officer and the Interim IJB Chair, a survey was developed and distributed to IJB members and Health and Social Care Partnership (HSCP) Senior Management Leadership Team (SMLT) members in September 2024.

3. Summary of Results

- 3.1. There were 12 responses to the survey (10 IJB and 2 SMLT members). Whilst there were differing levels of knowledge and understanding regarding the details of work planned or underway for various topics, of the 22 questions posed, no-one disagreed with the proposed way of working/ moving forward in any of the questions.
- 3.2. The topics of the questions were based around included partnership and collaborative working, understanding, support required, budgets and accountability. The full analysis of results can be viewed at Annex 1.
- 3.3. The question with the most amount of agreement (10 participants strongly agreed to each) are outlined below:
 - Clear directions must be provided by IJB to Health Boards and Local Authorities.
 - Effective, coherent and joined up clinical and professional care governance arrangements must be in place.
 - Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.
 - Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.
 - The understanding of accountabilities and responsibilities between statutory partners must improve.
- 3.4. Furthermore, there were nine questions, where none of the participants either disagreed or were uncertain regarding their intent. These can thus be viewed

as areas of agreement from all those who completed the survey and should underpin further activities and updates. The questions that garnered solid support can be viewed within the context of three key themes, these are as follows:

Integration

- Clear directions must be provided by IJB to Health Boards and Local Authorities.
- Improved strategic planning and commissioning arrangements must be put in place.

Finance

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.
- Delegated budgets for IJBs must be agreed timeously.
- Delegated hospital budgets and set aside budget requirements must be fully implemented.
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Communication and engagement

- Effective approaches for community engagement and participation must be put in place for integration.
- Improved understanding of effective working relationships with carers, people using services and local communities is required.
- We will support carers and representatives of people using services better to enable their full involvement in integration.

- 3.5. The above key themes focus the need for further action or reinforcement of approaches that impact upon the understanding and functionality of the IJB both internally, and externally, for those who access care and support provided by the Partnership. Ultimately, providing the direction that further updates to the Improvement Plan will encompass.

4. Next Steps

- 4.1. The Improvement Plan from 2019 will need to be reviewed to reflect the updated results from the survey, outlined above. This will include informal sessions focused on areas where IJB and SMLT members intimated a lack of knowledge as well as a gap analysis of current systems and processes aligned to delivery of an integrated system.
- 4.2. This updated Improvement Plan will be presented at the March 2025 IJB for consideration.

5. Appendices

- 5.1 Appendix 1: Results of the internal questionnaire on the MSG Review

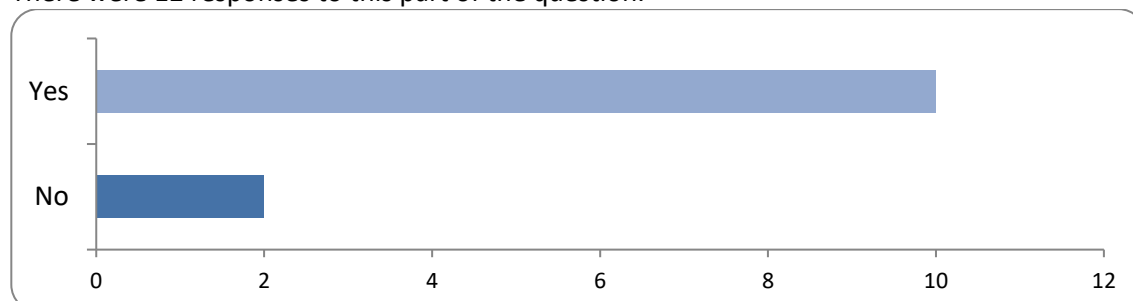
| | |
|---|---|
| Fit with Strategic Priorities: | |
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input type="checkbox"/> |
| Commissioning Consortium | <input type="checkbox"/> |
| Transforming Care | <input type="checkbox"/> |
| Data and Performance | <input type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | There are no financial implications |
| Other Resources: | N/A |
| Legal: | N/A |
| Risk & mitigation: | Risk of under-achievement in relation to the Public Bodies Act resulting in significant financial challenge based on non-integrated commissioning decisions. |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Appendix 1**MSG Review Results**

Responses to this survey: **12**

1: Please indicate if you are an IJB member.

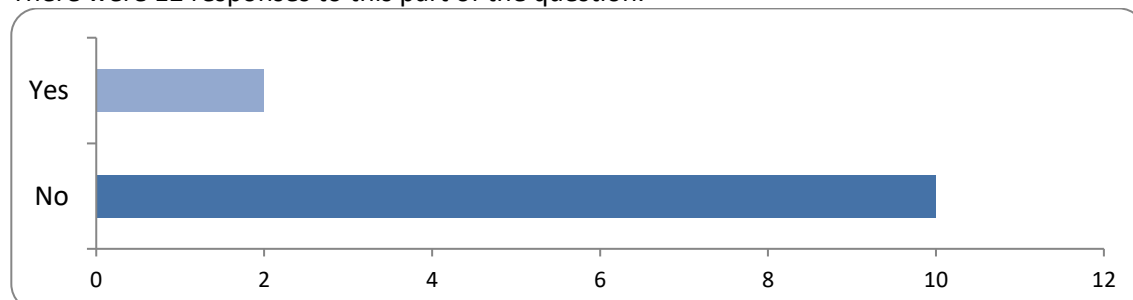
There were 12 responses to this part of the question.



| Option | Total | Percent |
|--------------|-------|---------|
| Yes | 10 | 83.33% |
| No | 2 | 16.67% |
| Not Answered | 0 | 0.00% |

2: Please indicate if you are a member of the HSCP Senior Management and Leadership Team

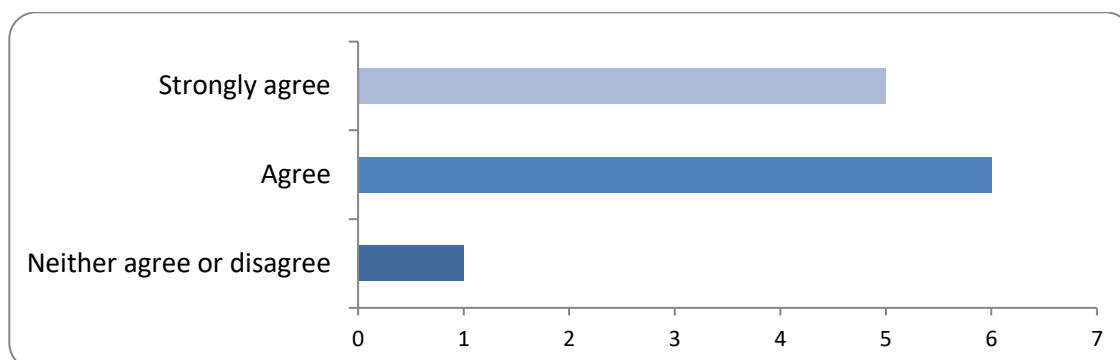
There were 12 responses to this part of the question.



| Option | Total | Percent |
|--------------|-------|---------|
| Yes | 2 | 16.67% |
| No | 10 | 83.33% |
| Not Answered | 0 | 0.00% |

3: All leadership development will be focused on shared and collaborative practice.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 5 | 41.67% |
| Agree | 6 | 50.00% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

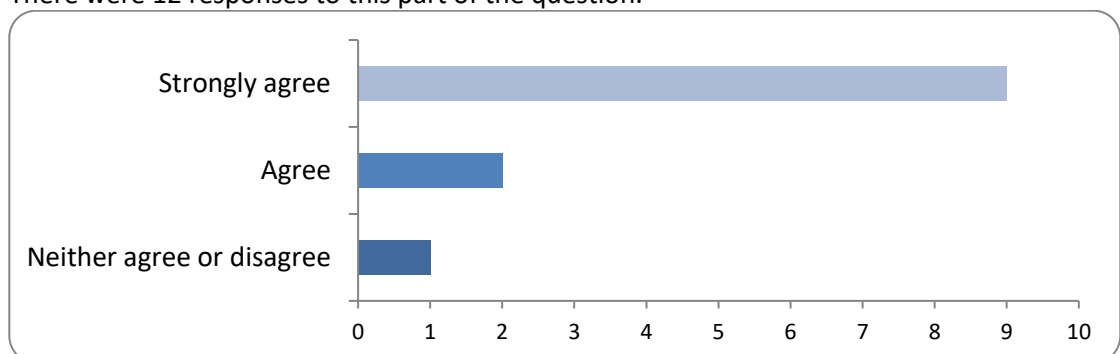
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- Shared practice is vital for transparency and collectively is good practice.
- Should be, but the difficulty of members coming from 3 organisations with different systems, cultures and finances means it is an ideal rather than has happened.
- Yes, but maintaining capacity and flexibility to enable bespoke solutions to be retained to reflect the unique make up of our three member organisation.
- Collaborative development sessions have been very useful in developing shared understanding. Additional meetings are always difficult to fit in, but increasing shared ownership of the key challenges and possible future developments should be prioritised.
- Not enough experience of the leadership development to know if it is focused on shared and collaborative practice.

4: Relationships and collaborative working between partners must improve.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |

| | | |
|--------------------------|---|-------|
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

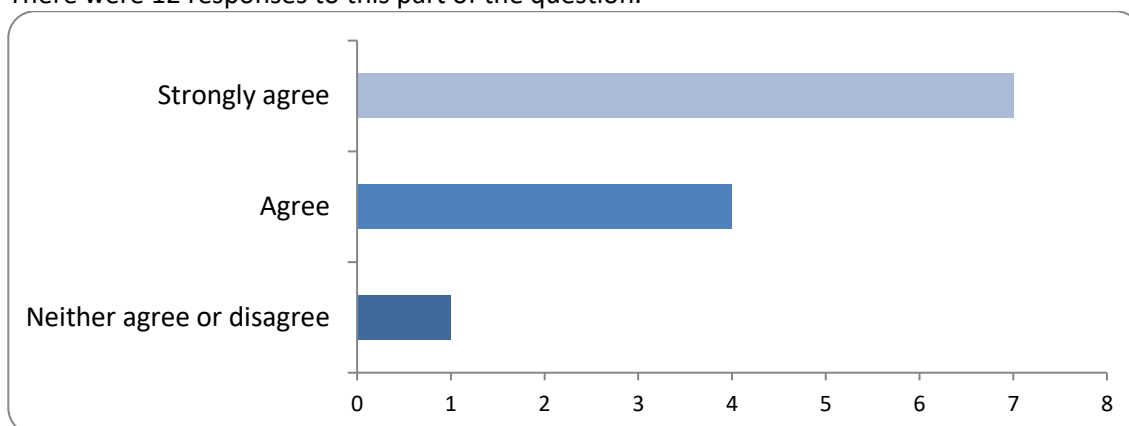
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- There is an outstanding piece of work in relation to vision for HSCP agreed to be taken forward by Chief Executives. There also requires to be greater commitment to whole system working and each organisation making integration work. Policy and systems are 2 examples. The recent Accounts commission report could be the basis for this. We also need to take into account views of newly appointed Chief Executives.
- The Health Service remains a super tanker that is difficult to get to change direction or move in a way that is really different which is what is needed to produce true joined up services. The focus is entirely on secondary care and targets that are virtually all measures of their performance, without understanding if they focused elsewhere, the targets might be met better.
- Vital, we have had years to progress this, and it is not anywhere near where it needs to be.
- I think relationships are improving, but shared ownership of strategy and implementation priorities could still be improved.
- H&SCP was set up to achieve this after CHP failed. I think there has been some improvement since 2014, but it has not happened quickly enough.

5: Relationships and partnership working with the third and independent sectors must improve.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|----------------------------------|-------|---------|
| Strongly agree | 7 | 58.33% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

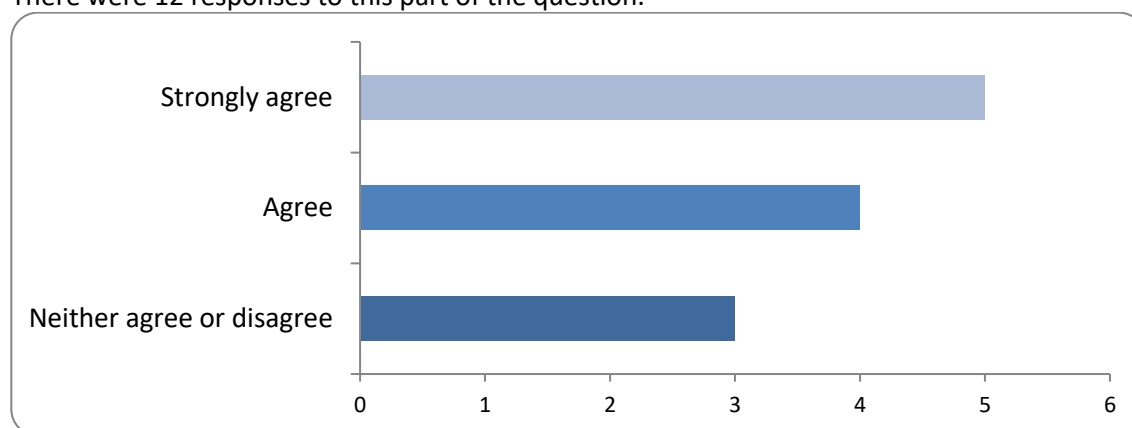
There were 6 responses to this part of the question.

- There are good bases here to build on. However, improvement must be based within financial reality.
- We bring different things to the table, but all are vital to progress.

- Short term funding, changes in promised funding and removing ring fencing all means it is difficult to plan for the future and maintain a workforce in the third and voluntary sector with that uncertainty.
- Need to display the confidence to have the third sector /independent organisations as equal partners - a position that would support this approach in other non HSCP areas of service delivery.
- Wider understating of the delivery role of the third sector would be useful for all IJB members.
- Relationships and Partnerships with the Third and independent sectors will only improve when they have equal status, ie they have voting powers and there is a more inclusive attitude by LAs and NHS.

6: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 5 | 41.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 3 | 25.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

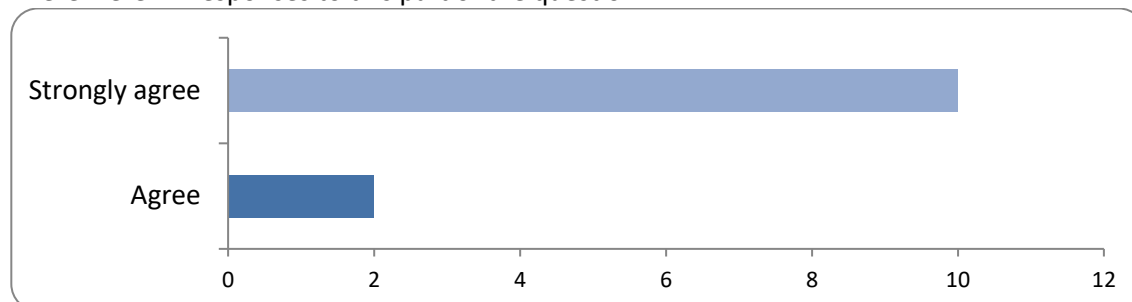
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- We have good base to build further upon.
- It is not clear to me what support is currently being afforded to IJB chairs in this regard.
- I'm not sure what 'better supported' means.
- Perhaps one for chair and vice chair to answer? But the adjustments to the agenda to prioritise items for decision and more thinking of amending directions is helpful.
- Don't know what support they have at present apart from the IJB Chief Officer, Finance Officer, Head of Strategic Planning and Health Improvement Officer, and this doesn't seem to be sufficient.

7: Clear directions must be provided by IJB to Health Boards and Local Authorities.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

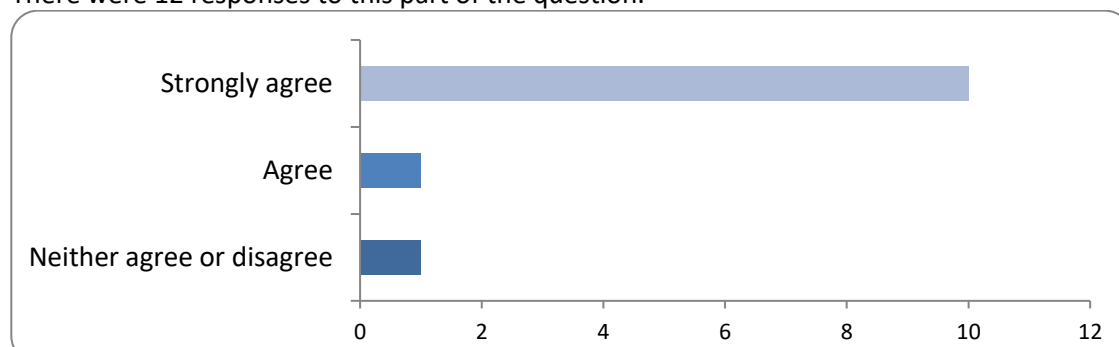
Do you have any brief comments that form the basis of your response.

There were 6 responses to this part of the question.

- This has moved forward considerably but needs to further evolve.
- Clear, concise decisions is the way forward.
- It has felt that the power has to date been the other way round with Health Board and councils determining what IJB can and can't do.
- Of course, but there must be appropriate discussions ahead of them being issued to ensure there is awareness and involvement prior to finalisation/issuing.
- Directions have been too vague - and performance against them has therefore not been adequately monitored. More specific directions that include performance indicators/ targets/ measures would facilitate this.
- Not convinced that this is happening just now. Perhaps it's because I don't know enough about what directions are given and if they are clearly understood by local authorities and health boards.

8: Effective, coherent and joined up clinical and care governance arrangements must be in place.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 1 | 8.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

| | | |
|----------------------------------|----|--------|
| Strongly agree | 10 | 83.33% |
| Agree | 1 | 8.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

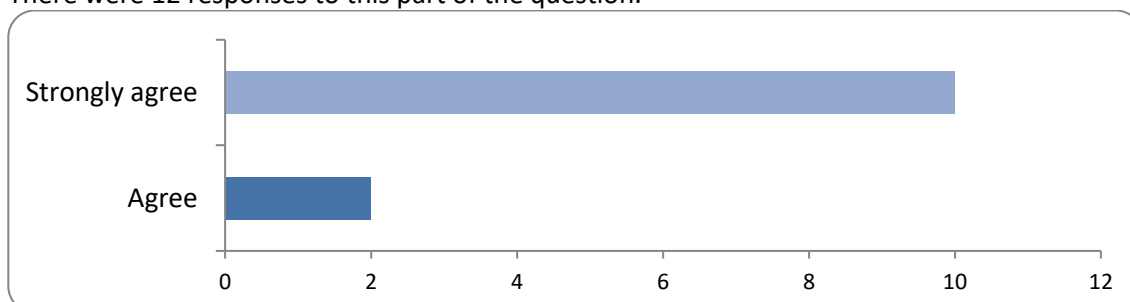
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- We need clinical and care governance. In place to drive forward and take everyone with us...
- Governance systems to date have not been able to assure the Chief Officer of safe and effective practice across the constituent organisations.
- Clarity should also be established around how governance arrangements interface with NHS Board care governance committees.
- Not on the committee, so don't have enough information for an informed answer. But more joined up systems that don't duplicate work elsewhere would appear sensible.
- So often patients and service users experience failures in communication and duplication due to lack of joined up clinical and care arrangements.

9: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|----------------------------------|--------------|----------------|
| Strongly agree | 10 | 83.33% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

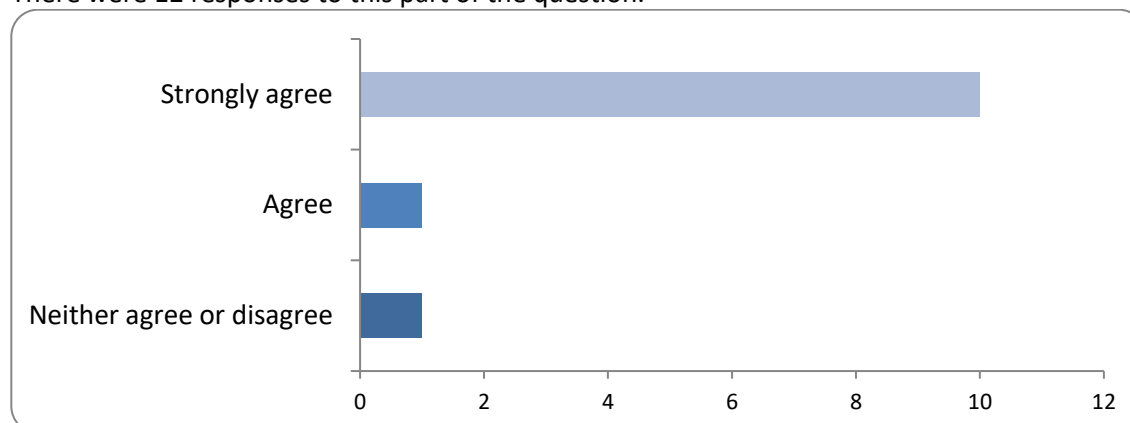
There were 5 responses to this part of the question.

- We have a solid track record in this and good working across Directors of Finance/Chief Finance Officers to build on.
- Working in silos does not work.
- Yes, but one cannot allow that to mitigate what the plans / policies seek to deliver. One should plan for the optimum and be honest about inability to deliver what is contained in the plans due to financial shortfall.

- Moves to encourage a whole system approach are welcome. The financial position of all bodies is difficult, and more shared understanding would be useful.
- Perhaps not clear about this, but there still seems to be an individual approach by local authorities and health boards on the way funds are to be spent for the benefit of themselves, instead of a holistic approach that will benefit the patient/service user. Even within the health board there is this attitude between secondary and primary care.

10: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 1 | 8.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

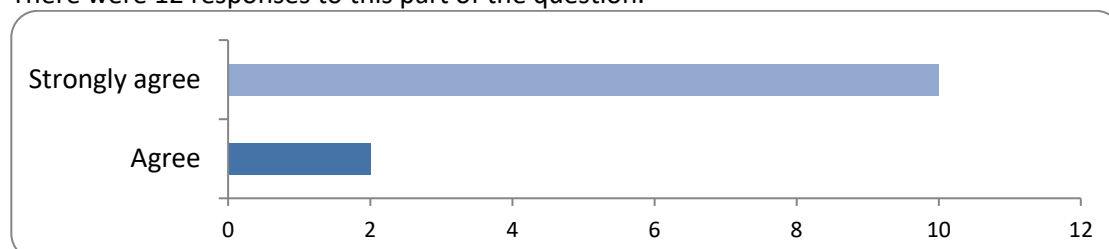
Do you have any brief comments that form the basis of your response.

There were 3 responses to this part of the question.

- The interim Chief Officer has set out clear thoughts in this regard both to IJB and CeX it is important to maintain momentum.
- One for the Chief Officer - difficult to know if more needs to be done.
- Does this not happen?

11: The understanding of accountabilities and responsibilities between statutory partners must improve

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

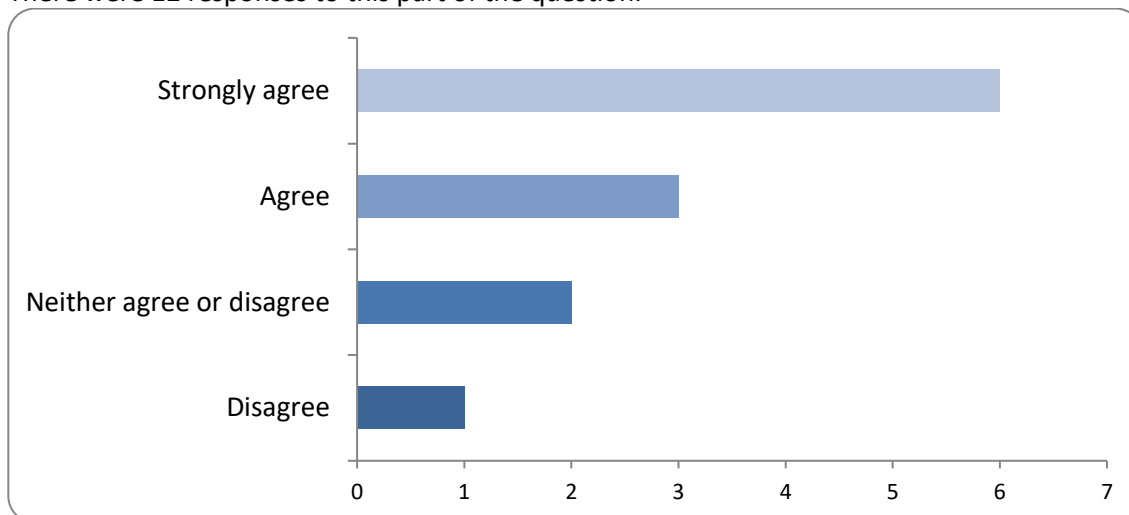
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- There is a lot of misunderstanding, misinterpretation and confusion in this space.
- Clarity is much better than it was a year ago, but statutory partners still don't seem to completely prioritise this.
- I believe there is a good understanding of that now although it has taken too long to achieve that.
- The review of the Integration Scheme should be the opportunity for all partners to consider their responsibilities and to ensure full understanding.
- Not enough monitoring in Care Homes taking place. Not enough to have this done on a national basis. It must be done locally.

12: Accountability processes across statutory partners will be streamlined.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 6 | 50.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 2 | 16.67% |
| Disagree | 1 | 8.33% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

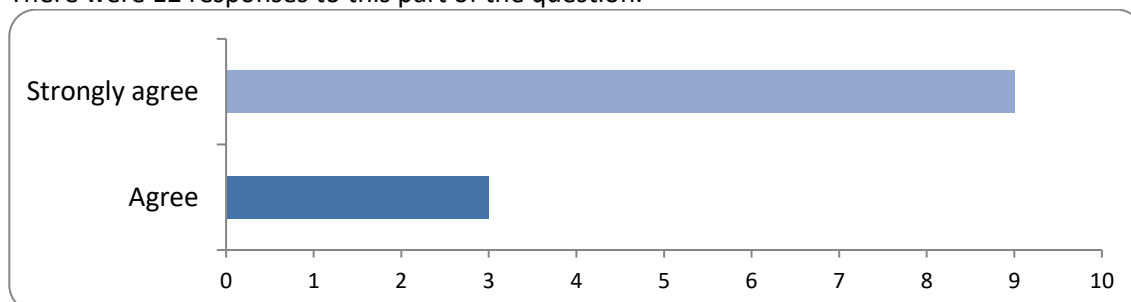
Do you have any brief comments that form the basis of your response.

There were 6 responses to this part of the question.

- Constituent authorities approach to supporting integration must fully take this into account. Our uniqueness creates an additional complexity which requires better joint working to address efficiently.
- Clear, define objective must be number 1.
- Feeling that there would be a loss of control if accountability streamlined, I suspect prevents this happening, it needs to happen.
- Again, I am not sure what these means in reality - these processes should be as efficient as possible while retaining their ability to provide the assurances needed.
- Better directions are one part of this.
- Although I agree, at the moment there is little joined up contact between statutory partners. There is some contact between GPs and Pharmacies, but there could be more. Not sure how you get other independent contractors to work together.

13: Delegated budgets for IJBs must be agreed timeously.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

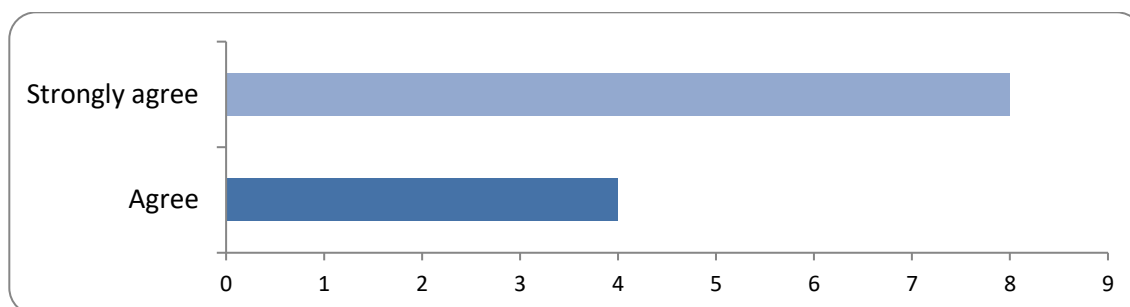
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- Strong track record of this in Clackmannanshire and Stirling IJB.
- We cannot continue without effective budget plans.
- Not always within the gift of constituent authorities to deliver this where there is lack of clarity from Government as to allocations.
- A clear and agreed timeline should be developed across the system.
- How can you plan otherwise.

14: Delegated hospital budgets and set aside budget requirements must be fully implemented

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

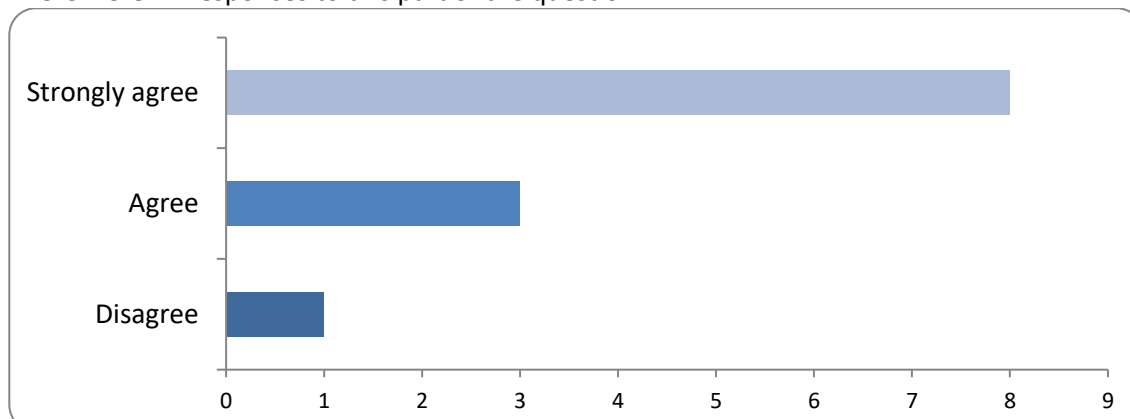
Do you have any brief comments that form the basis of your response.

There were 4 responses to this part of the question.

- NHS Forth Valley need to provide the tools and information to implement set aside.
- From a Primary Care perspective, we always seem to be trying to manage the prescribing budget with little evidence any hospital clinicians are contributing to efficiencies or savings.
- Assuming systems can be developed that are not overly burdensome or duplicate efforts.
- Health boards must be accountable for ensuring this.

15: Each IJB must develop a transparent and prudent reserves policy.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 1 | 8.33% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

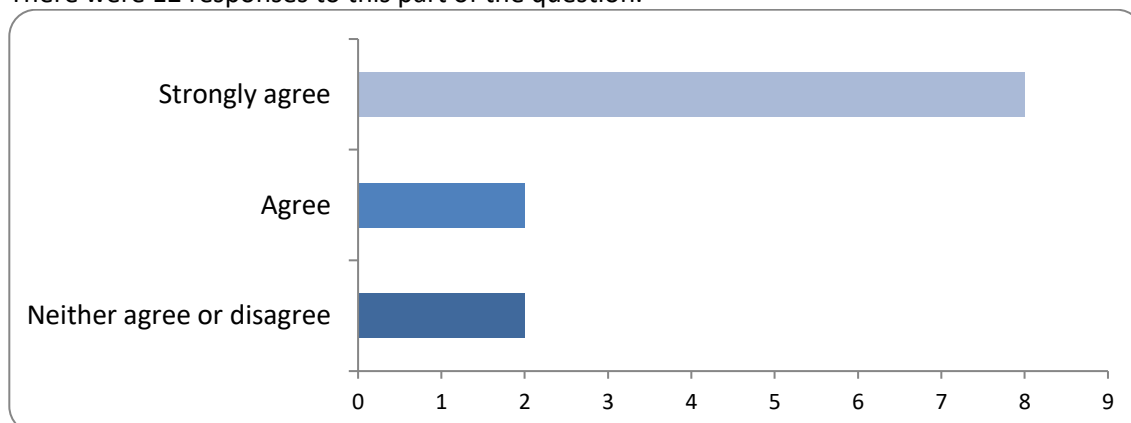
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- IN place.
- Reserves are vital as just in case measures.
- Of course, but that assume they will have anything much in the way of a reserve to apply a policy to.
- We have a policy - whether we will have any reserves left is a different question!
- IJB's financial responsibility to ensure the future provision of health and social care services to its community.

16: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 2 | 16.67% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

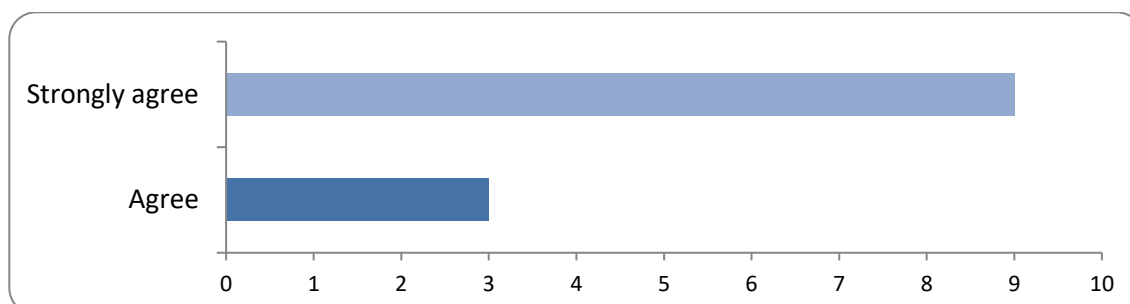
Do you have any brief comments that form the basis of your response.

There were 3 responses to this part of the question.

- As delegation of services has moved there is a need to review this support.
- Not sure what support is currently in place or whether this is deemed appropriate.
- Don't know what this means.

17: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

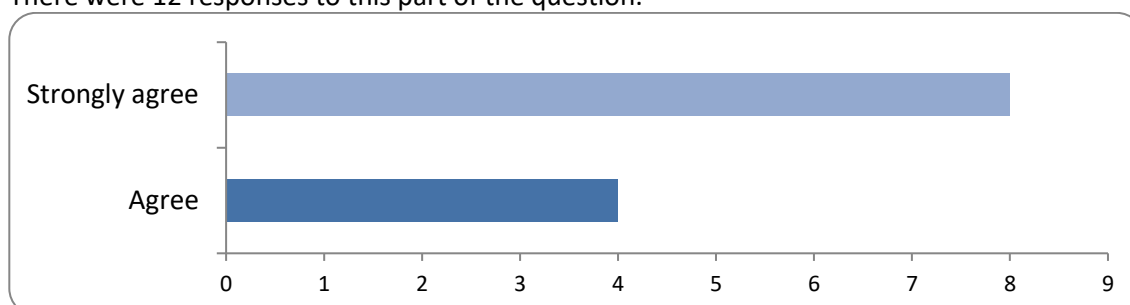
Do you have any brief comments that form the basis of your response.

There were 3 responses to this part of the question.

- Better decision making and implementation of directions policy will assist.
- How this can happen is difficult to see when resources have never been shifted from hospital services.
- Surely this is a given. Could funds be taken from the IJB for other purposes? (I know after Covid money had to be returned if it was not used, but I assumed this was a special occurrence).

18: Improved strategic planning and commissioning arrangements must be put in place.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

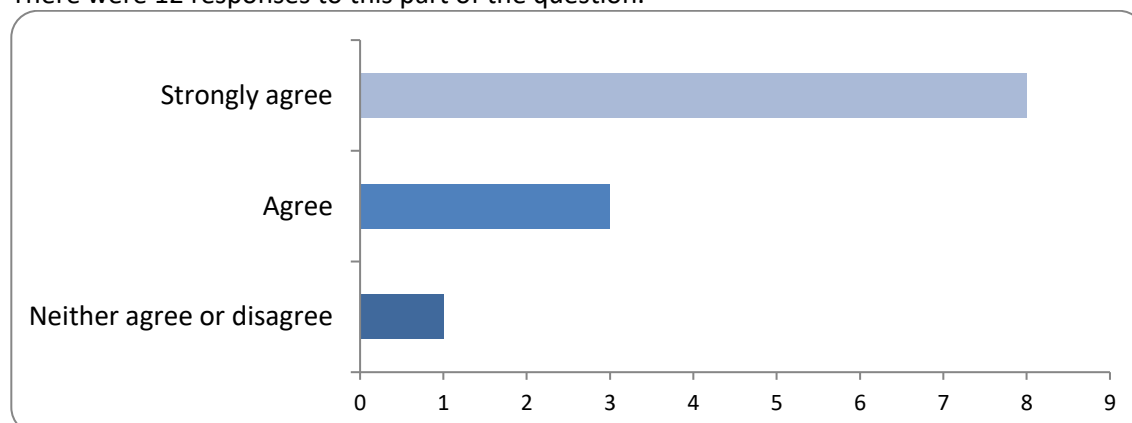
There were 5 responses to this part of the question.

- Need to ensure understanding of difference between commissioning and procurement.

- Commissioning is the basis of our are contacts so again vital.
- Difficulty of working across three organisations all with their own priorities which do not always fit with HSCP strategic plan and agreement on commissioning tortuous.
- Moves towards ethical commissioning appear promising although more work is required for full implementation.
- I would hope that this is being done.

19: Improved capacity for strategic commissioning of delegated hospital services must be in place.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

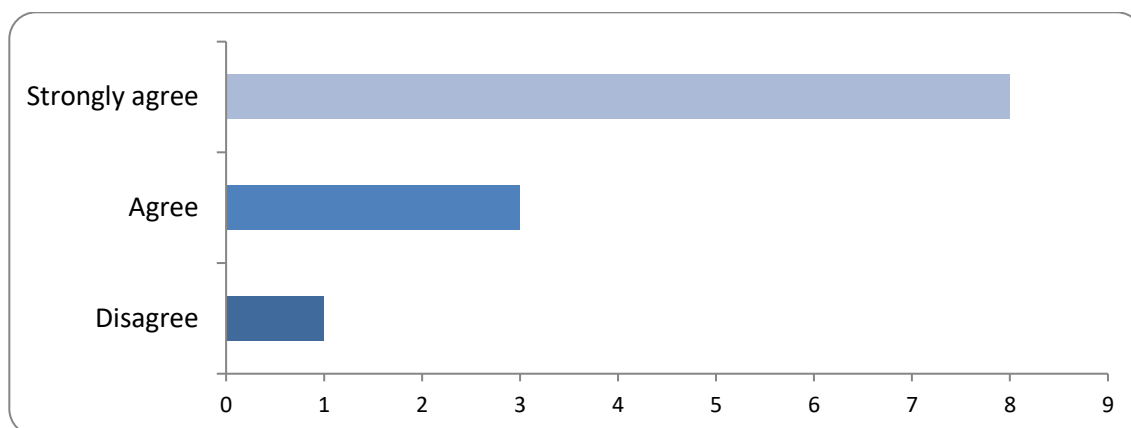
Do you have any brief comments that form the basis of your response.

There were 4 responses to this part of the question.

- NHS Forth Valley need to provide the tools and information to implement set aside.
- There seems to be no control or influence when it comes to NHS commissioned services.
- IJB has rarely had the opportunity to undertake this.
- Again, I hope that this is being done.

20: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 1 | 8.33% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

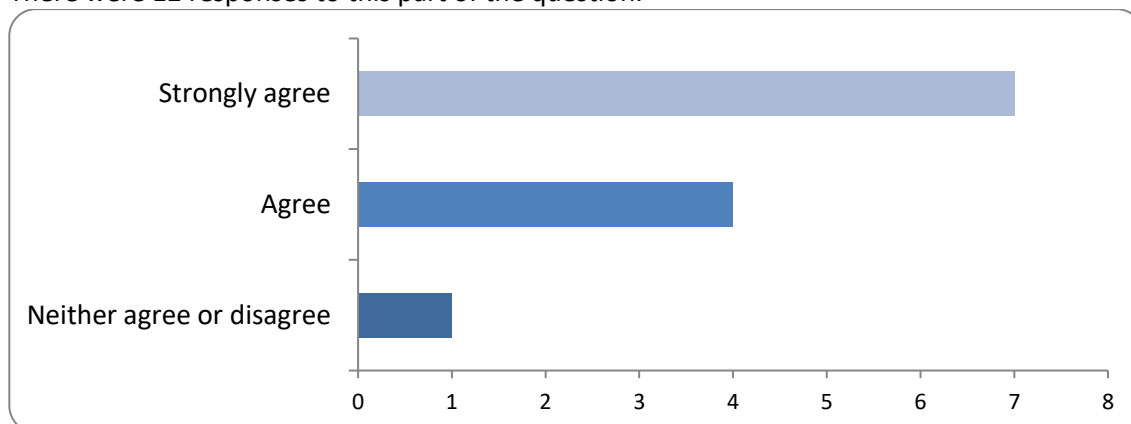
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- Will help inform improvement.
- If we don't know how we are doing how can we improve?
- This would need to be with comparator partnerships, not all.
- Some benchmarking data has been included as performance reports have been refined and improved over time. But data are not always available, or delays can make relevance difficult. This is an issue that goes beyond IJBs to those who collect and analyse data.
- This will tell us how effective we are being or not achieving the performance expected.

21: Identifying and implementing good practice will be systematically undertaken by all partnerships.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 7 | 58.33% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 1 | 8.33% |

| | | |
|--------------------------|---|-------|
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

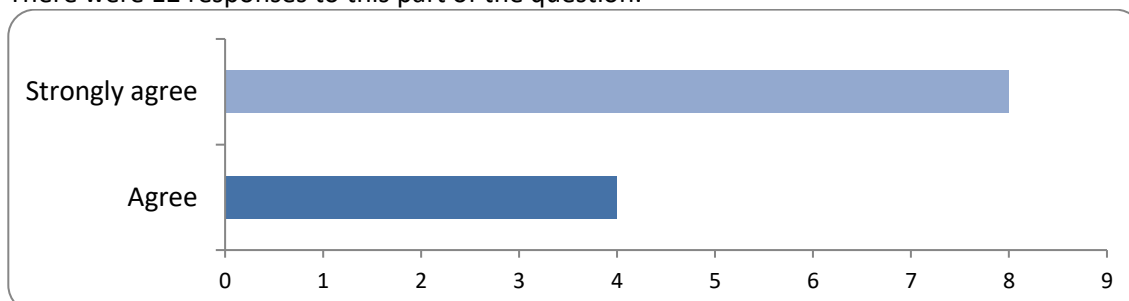
Do you have any brief comments that form the basis of your response.

There were 6 responses to this part of the question.

- Difficult to achieve in practice.
- Good rather than best.
- This is a good area to look at. Good practice is a starting point. Good practice elsewhere does not necessarily mean it will work here. Still worth looking at though.
- Scottish Government should have a critical role in the identification, dissemination and coordination of good/best practice to Partnerships.
- Various groups, e.g. Chief Officers' Group, Finance Officers' Group, Chairs' Group exist and do provide some of this, but more could be done.
- It should improve performance, especially if it is shared among all H&SCPs.

22: Effective approaches for community engagement and participation must be put in place for integration.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|----------------------------------|--------------|----------------|
| Strongly agree | 8 | 66.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

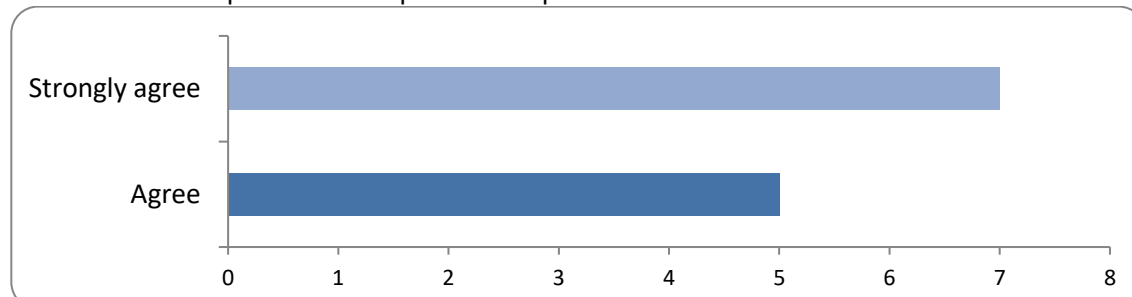
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- Needs to further develop
- Community engagement is vital to take the public with you.
- Effective approaches = meaningful engagement.
- Locality planning has increased engagement, but more can be done to enable participation of local people and organisations.
- Don't feel much of this has happened yet and community engagement and participation could do a lot to help improve the health and welfare of sections of the community.

23: Improved understanding of effective working relationships with carers, people using services and local communities is required.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 7 | 58.33% |
| Agree | 5 | 41.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

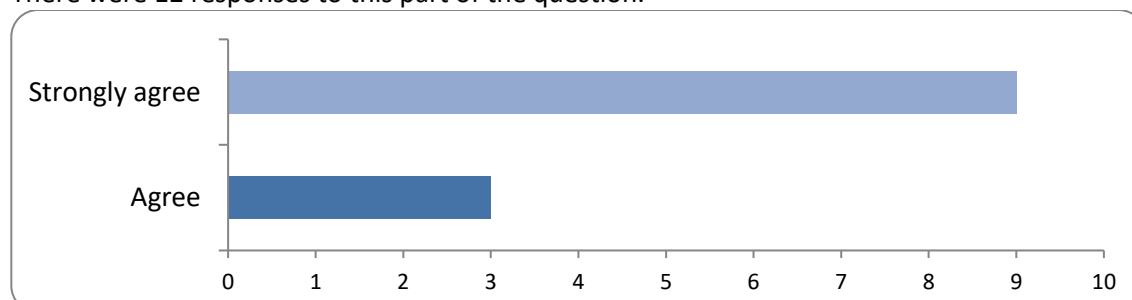
Do you have any brief comments that form the basis of your response.

There were 6 responses to this part of the question.

- Strategic Planning Group and localities are solid bases to build upon.
- Carers and service users still feel things are done and this is what we do....
- Little evidence to date of patient or citizen at the center and no decisions without them.
- Clear mechanisms should be in place to highlight where there are ineffective working relationships with carers, service users and the local community.
- I believe there is already very good processes in place, but they should always be under review for possible improvements.
- The culture still seems to be that of professionals telling carers, people using services and those in the community, rather than working with them in an equal relationship and listening to them. Not all professionals are like this, but many are, and this culture barrier has to be removed. The challenge also exists where not everyone using services is prepared to take responsibility for themselves or others and there still must be flexibility in working relationships between professionals and carers, people using services and local communities. More training is needed.

24: We will support carers and representatives of people using services better to enable their full involvement in integration.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

There were 3 responses to this part of the question.

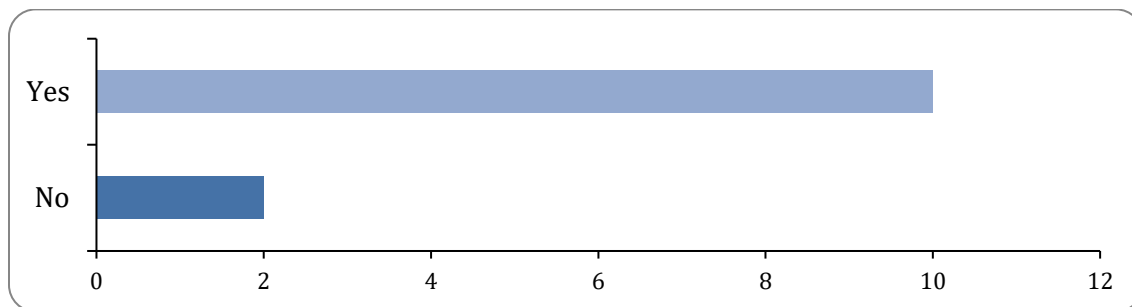
- Clear definition on the terms of support to be offered to carers and their representatives is required to ensure their full involvement in integration.
- This needs to go beyond having reps on the IJB - that's important but should only be one part of the process
- Not enough staff or time allowed for this to happen at present. More training is needed and better qualified staff. Increased numbers of older people living at home, many on their own, need much more support than is being provided at the moment.

MSG Review

Responses to this survey: **12**

1: Please indicate if you are an IJB member.

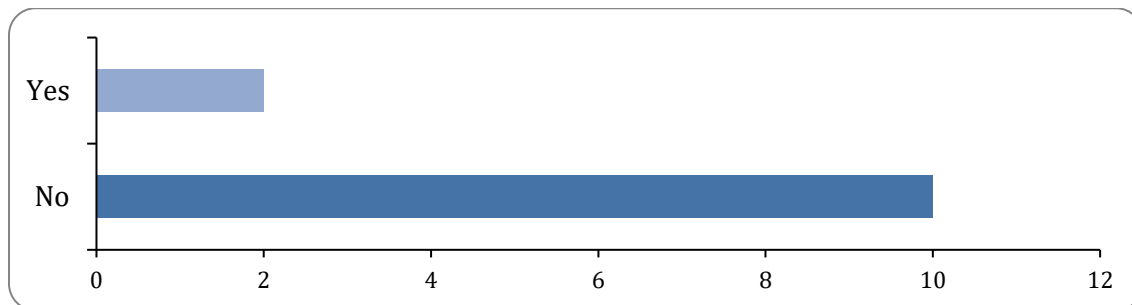
There were 12 responses to this part of the question.



| Option | Total | Percent |
|--------------|-------|---------|
| Yes | 10 | 83.33% |
| No | 2 | 16.67% |
| Not Answered | 0 | 0.00% |

2: Please indicate if you are a member of the HSCP Senior Management and Leadership Team

There were 12 responses to this part of the question.

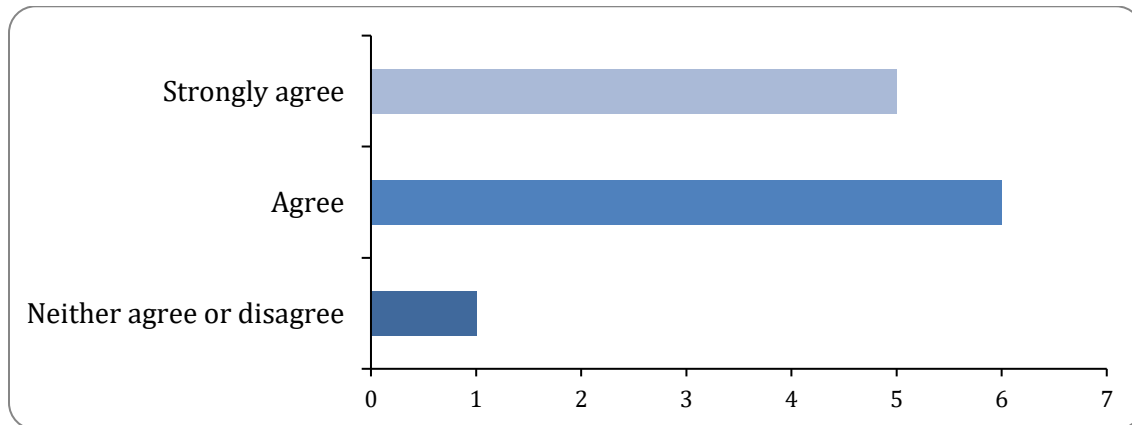


| Option | Total | Percent |
|--------------|-------|---------|
| Yes | 2 | 16.67% |
| No | 10 | 83.33% |
| Not Answered | 0 | 0.00% |

Clackmannanshire & Stirling HSCP

3: All leadership development will be focused on shared and collaborative practice.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 5 | 41.67% |
| Agree | 6 | 50.00% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

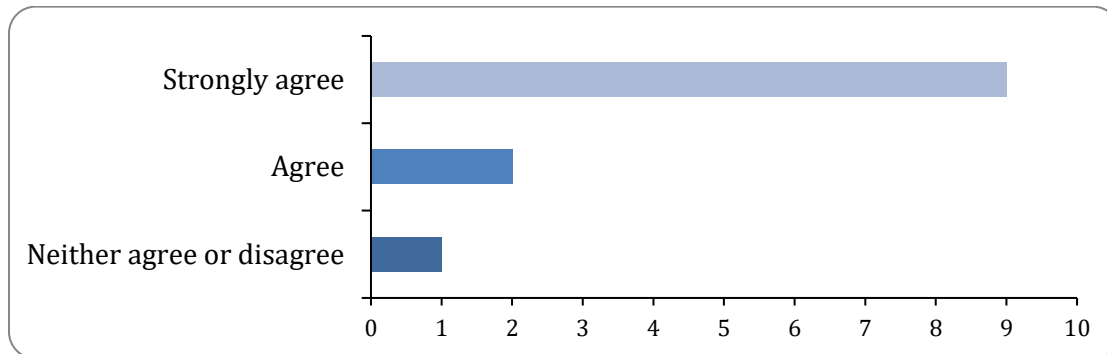
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- Shared practice is vital for transparency and collectively is good practice.
- Should be, but the difficulty of members coming from 3 organisations with different systems, cultures and finances means it is an ideal rather than has happened.
- Yes, but maintaining capacity and flexibility to enable bespoke solutions to be retained to reflect the unique make up of our three member organisation.
- Collaborative development sessions have been very useful in developing shared understanding. Additional meetings are always difficult to fit in, but increasing shared ownership of the key challenges and possible future developments should be prioritised.
- Not enough experience of the leadership development to know if it is focused on shared and collaborative practice.

4: Relationships and collaborative working between partners must improve.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

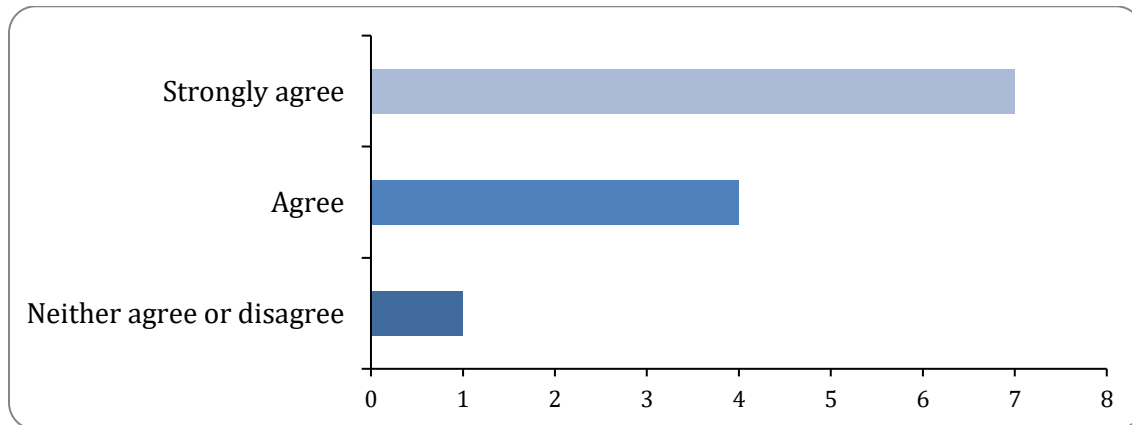
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- There is an outstanding piece of work in relation to vision for HSCP agreed to be taken forward by Chief Executives. There also requires to be greater commitment to whole system working and each organisation making integration work. Policy and systems are 2 example. The recent Accounts commission report could be the basis for this.
We also need to taking into account views of newly appointed Chief Executives.
- The Health Service remains a supertanker that is difficult to get to change direction or move in a way that is really different which is what is needed to produce true joined up services. The focus is entirely on secondary care and targets that are virtually all measures of their performance, without understanding if they focused elsewhere, the targets might be met better.
- Vital, we have had years to progress this and it is not anywhere near where it needs to be.
- I think relationships are improving, but shared ownership of strategy and implementation priorities could still be improved.
- H&SCP was set up to achieve this after CHP failed. I think there has been some improvement since 2014, but it has not happened quickly enough.

5: Relationships and partnership working with the third and independent sectors must improve.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 7 | 58.33% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

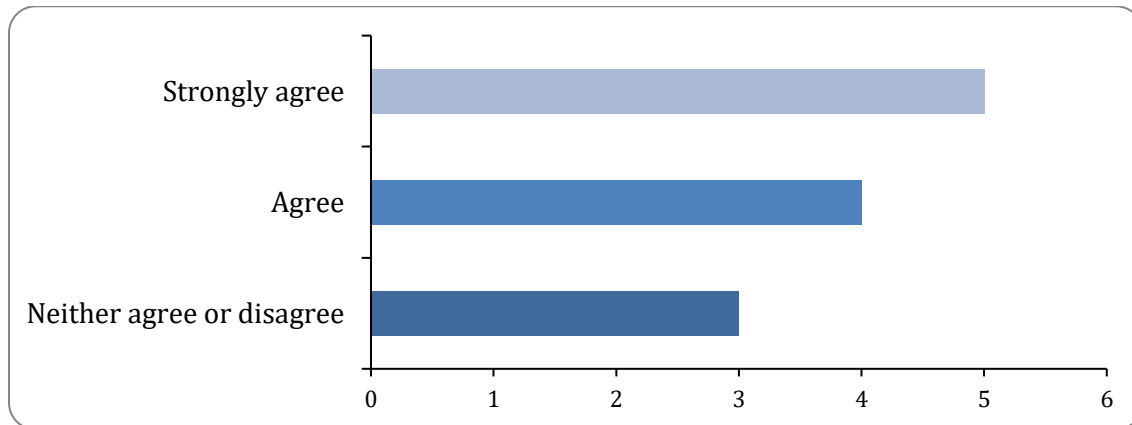
Do you have any brief comments that form the basis of your response.

There were 6 responses to this part of the question.

- There are good bases here to build on. However, improvement must be based within financial reality.
- We bring different things to the table but all are vital to progress.
- Short term funding, changes in promised funding and removing ring fencing all means it is difficult to plan for the future and maintain a workforce in the third and voluntary sector with that uncertainty.
- Need to display the confidence to have the third sector /independent organisations as equal partners - a position that would support this approach in other non HSCP areas of service delivery.
- Wider understating of the delivery role of the third sector would be useful for all IJB members.
- Relationships and Partnerships with the Third and independent sectors will only improve when they have equal status, ie they have voting powers and there is a more inclusive attitude by LAs and NHS.

6: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 5 | 41.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 3 | 25.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

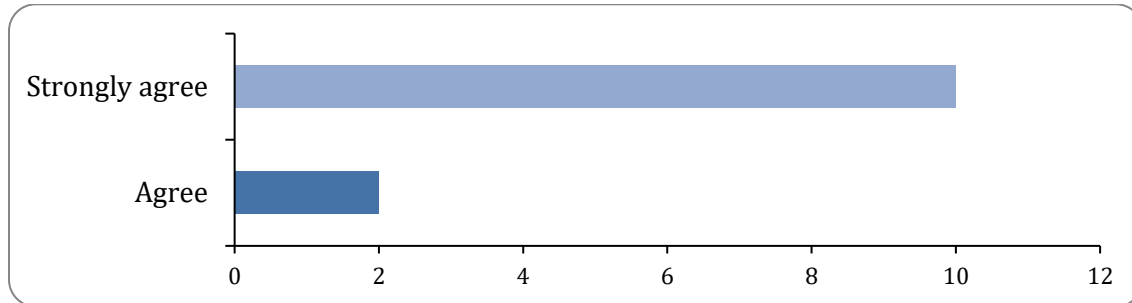
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- We have good base to build further upon.
- It is not clear to me what support is currently being afforded to IJB chairs in this regard.
- I'm not sure what 'better supported' means.
- Perhaps one for chair and vice chair to answer? But the adjustments to the agenda to prioritise items for decision and more thinking of amending directions is helpful.
- Don't know what support they have at present apart from the IJB Chief Officer, Finance Officer, Head of Strategic Planning and Health Improvement Officer, and this doesn't seem to be sufficient.

7: Clear directions must be provided by IJB to Health Boards and Local Authorities.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

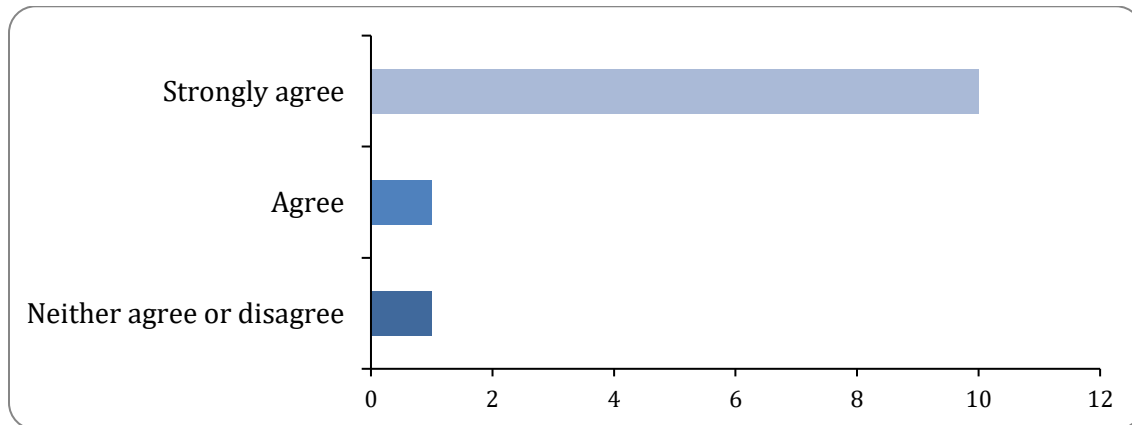
There were 6 responses to this part of the question.

- This has moved forward considerably but needs to further evolve.
- Clear, concise decisions is the way forward.
- It has felt that the power has to date been the other way round with Health Board and councils determining what IJB can and can't do.
- Of course, but there must be appropriate discussions ahead of them being issued to ensure there is awareness and involvement prior to finalisation/issuing.
- Directions have been too vague - and performance against them has therefore not been adequately monitored. More specific directions that include performance indicators/ targets/ measures would facilitate this.
- Not convinced that this is happening just now. Perhaps it's because I don't know enough about what directions are given and if they are clearly understood by local authorities and health boards.

Clackmannanshire & Stirling HSCP

8: Effective, coherent and joined up clinical and care governance arrangements must be in place.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 1 | 8.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

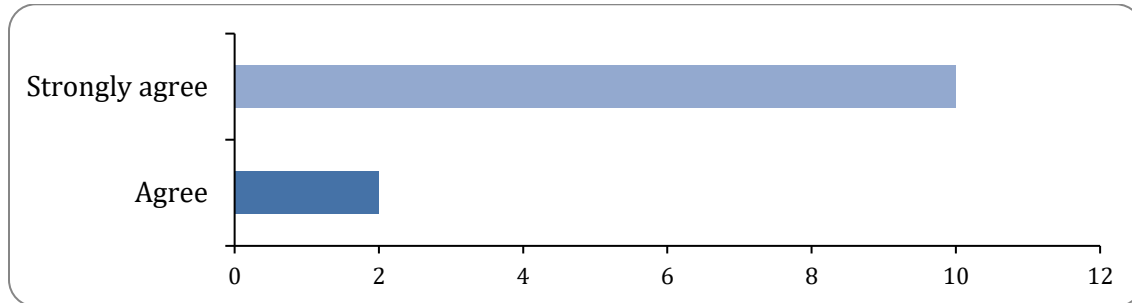
There were 5 responses to this part of the question.

- We need clinical and care governance. In place to drive forward and take everyone with us...
- Governance systems to date have not been able to assure the Chief Officer of safe and effective practice across the constituent organisations.
- Clarity should also be established around how governance arrangements interface with NHS Board care governance committees.
- Not on the committee, so don't have enough information for an informed answer. But more joined up systems that don't duplicate work elsewhere would appear sensible.
- So often patients and service users experience failures in communication and duplication due to lack of joined up clinical and care arrangements.

Clackmannanshire & Stirling HSCP

9: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

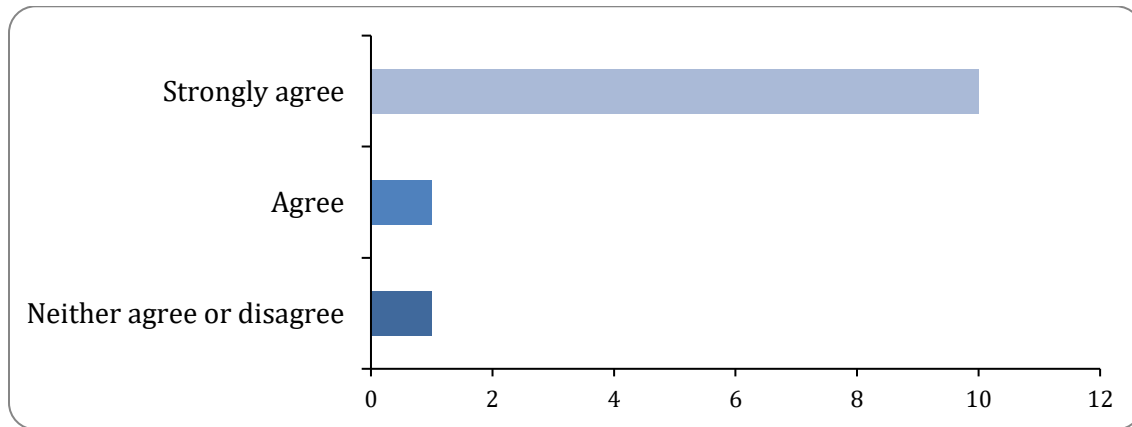
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- We have a solid track record in this and good working across Directors of Finance/Chief Finance Officers to build on.
- Working in silos does not work.
- Yes, but one cannot allow that to mitigate what the plans / policies seek to deliver. One should plan for the optimum and be honest about inability to deliver what is contained in the plans due to financial shortfall.
- Moves to encourage a whole system approach are welcome. The financial position of all bodies is difficult and more shared understanding would be useful.
- Perhaps not clear about this, but there still seems to be an individual approach by local authorities and health boards on the way funds are to be spent for the benefit of themselves, instead of a holistic approach that will benefit the patient/service user. Even within the health board there is this attitude between secondary and primary care.

10: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 1 | 8.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

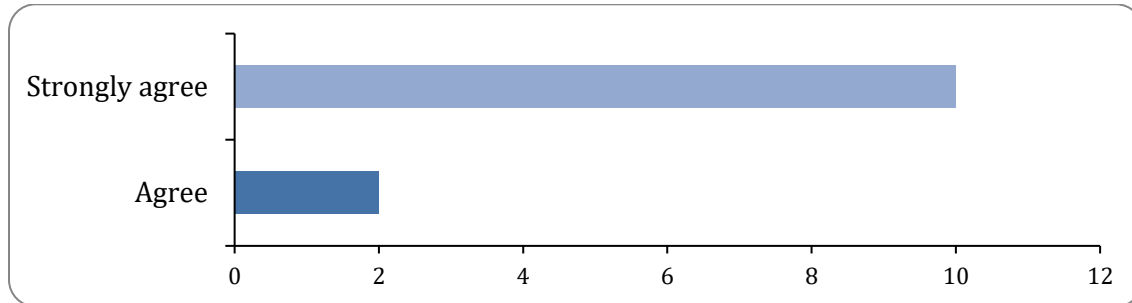
There were 3 responses to this part of the question.

- The interim Chief Officer has set out clear thoughts in this regard both to IJB and CeX it is important to maintain momentum.
- One for the Chief Officer - difficult to know if more needs to be done.
- Does this not happen?

Clackmannanshire & Stirling HSCP

11: The understanding of accountabilities and responsibilities between statutory partners must improve

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 10 | 83.33% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

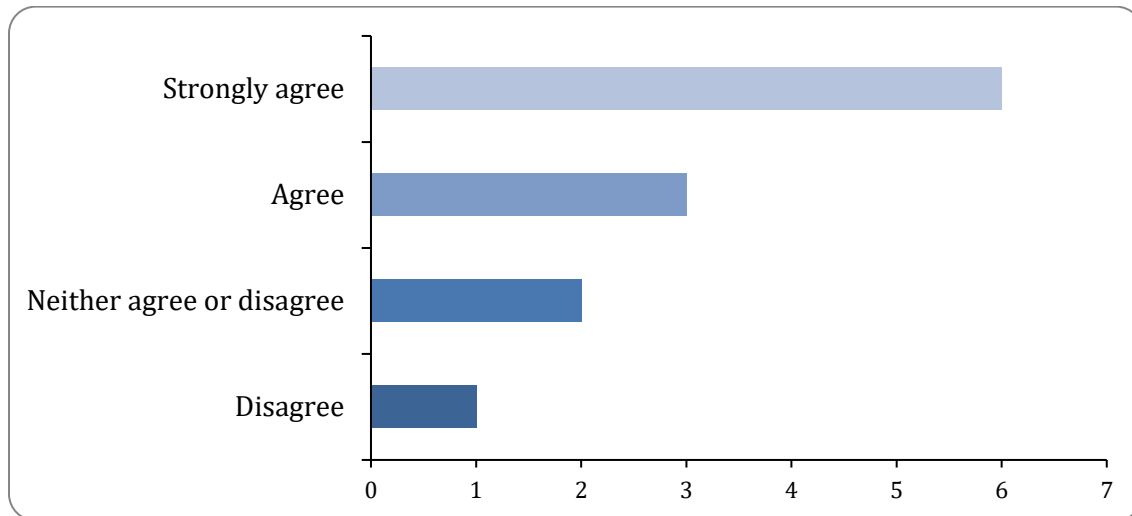
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- There is a lot of misunderstanding, misinterpretation and confusion in this space.
- Clarity is much better than it was a year ago, but statutory partners still don't seem to completely prioritise this.
- I believe there is a good understanding of that now although it has taken too long to achieve that.
- The review of the Integration Scheme should be the opportunity for all partners to consider their responsibilities and to ensure full understanding.
- Not enough monitoring in Care Homes taking place. Not enough to have this done on a national basis. It must be done locally.

12: Accountability processes across statutory partners will be streamlined.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 6 | 50.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 2 | 16.67% |
| Disagree | 1 | 8.33% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

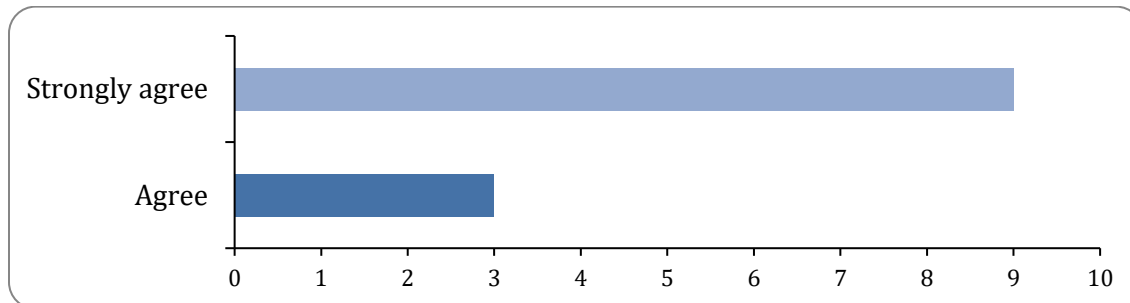
There were 6 responses to this part of the question.

- Constituent authorities approach to supporting integration must fully take this into account. Our uniqueness creates an additional complexity which requires better joint working to address efficiently.
- Clear, define objective must be number 1.
- Feeling that there would be a loss of control if accountability streamlined, I suspect prevents this happening, it needs to happen.
- Again, I am not sure what these means in reality - these processes should be as efficient as possible while retaining their ability to provide the assurances needed.
- Better directions are one part of this.
- Although I agree, at the moment there is little joined up contact between statutory partners. There is some contact between GPs and Pharmacies, but there could be more. Not sure how you get other independent contractors to work together.

Clackmannanshire & Stirling HSCP

13: Delegated budgets for IJBs must be agreed timeously.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

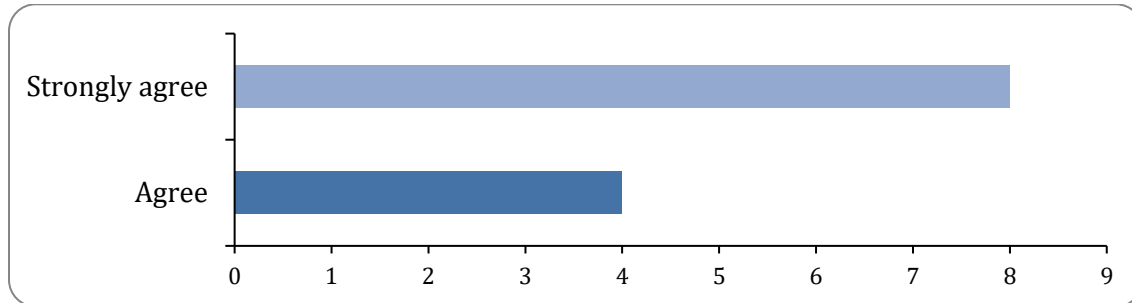
There were 5 responses to this part of the question.

- Strong track record of this in Clackmannanshire and Stirling IJB.
- We cannot continue without effective budget plans.
- Not always within the gift of constituent authorities to deliver this where there is lack of clarity from Government as to allocations.
- A clear and agreed timeline should be developed across the system.
- How can you plan otherwise.

Clackmannanshire & Stirling HSCP

14: Delegated hospital budgets and set aside budget requirements must be fully implemented

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

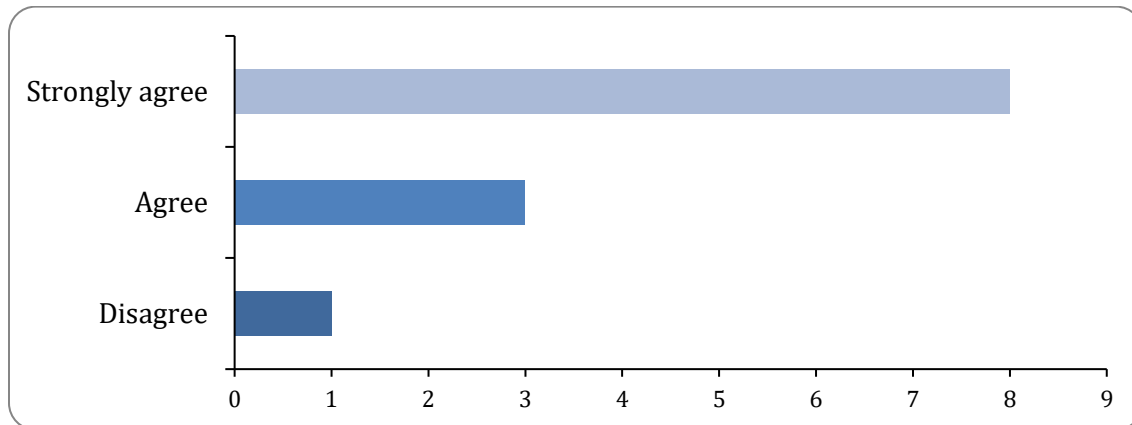
There were 4 responses to this part of the question.

- NHS Forth Valley need to provide the tools and information to implement set aside.
- From a Primary Care perspective, we always seem to be trying to manage the prescribing budget with little evidence any hospital clinicians are contributing to efficiencies or savings.
- Assuming systems can be developed that are not overly burdensome or duplicate efforts.
- Health boards must be accountable for ensuring this.

Clackmannanshire & Stirling HSCP

15: Each IJB must develop a transparent and prudent reserves policy.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 1 | 8.33% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

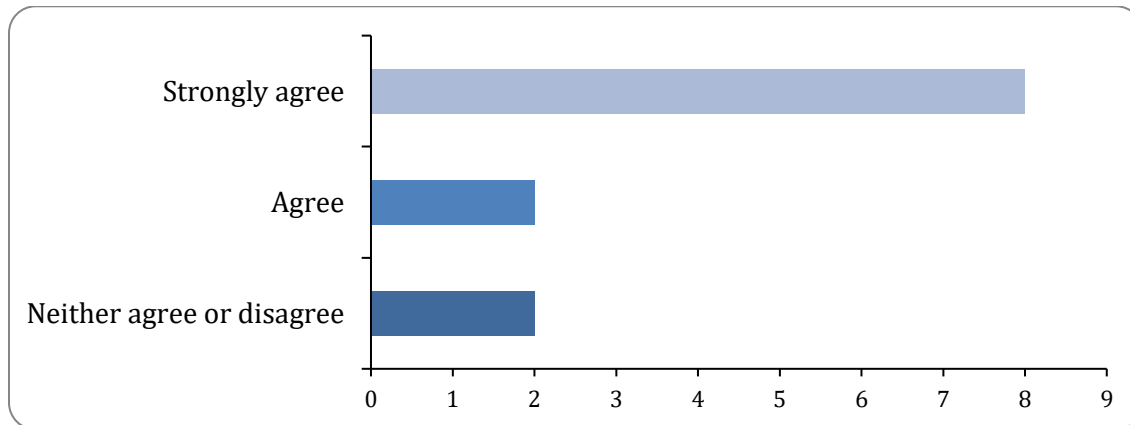
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- IN place.
- Reserves are vital as just incase measures.
- Of course but that assume they will have anything much in the way of a reserve to apply a policy to.
- We have a policy - whether we will have any reserves left is a different question!
- IJB's financial responsibility to ensure the future provision of health and social care services to its community.

16: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 2 | 16.67% |
| Neither agree or disagree | 2 | 16.67% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

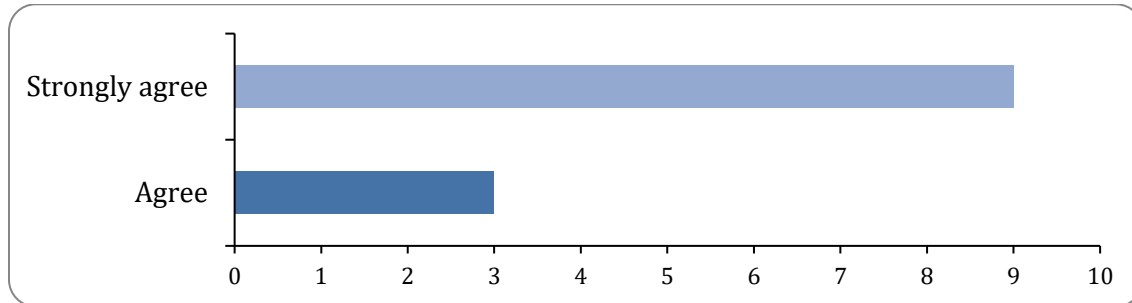
There were 3 responses to this part of the question.

- As delegation of services has moved there is a need to review this support.
- Not sure what support is currently in place or whether this is deemed appropriate.
- Don't know what this means.

Clackmannanshire & Stirling HSCP

17: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

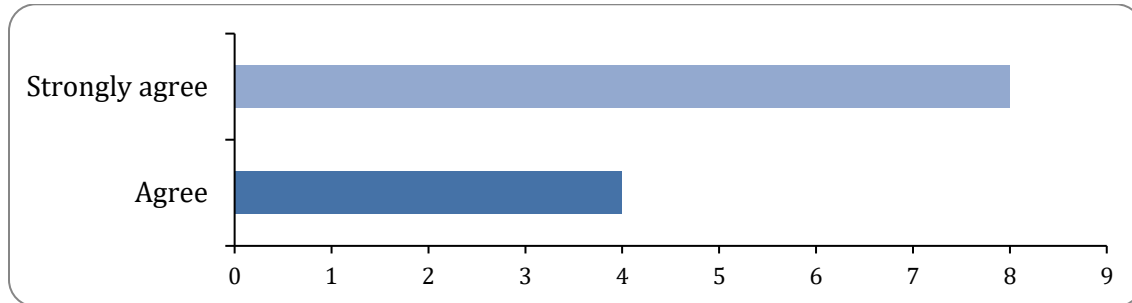
There were 3 responses to this part of the question.

- Better decision making and implementation of directions policy will assist.
- How this can happen is difficult to see when resources have never been shifted from hospital services.
- Surely this is a given. Could funds be taken from the IJB for other purposes? (I know after Covid money had to be returned if it was not used, but I assumed this was a special occurrence).

Clackmannanshire & Stirling HSCP

18: Improved strategic planning and commissioning arrangements must be put in place.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

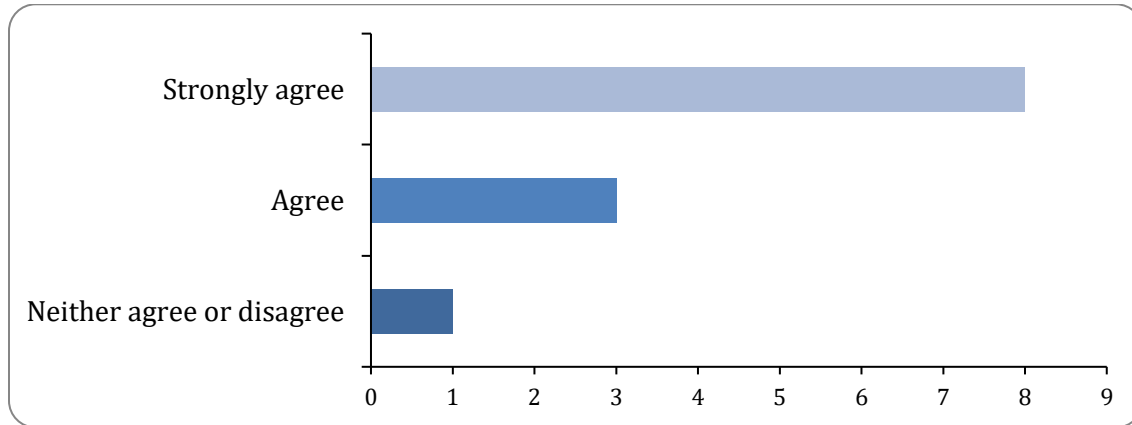
There were 5 responses to this part of the question.

- Need to ensure understanding of difference between commissioning and procurement.
- Commissioning is the basis of our are contacts so again vital.
- Difficulty of working across three organisations all with their own priorities which do not always fit with HSCP strategic plan and agreement on commissioning tortuous.
- Moves towards ethical commissioning appear promising although more work is required for full implementation.
- I would hope that this is being done.

Clackmannanshire & Stirling HSCP

19: Improved capacity for strategic commissioning of delegated hospital services must be in place.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

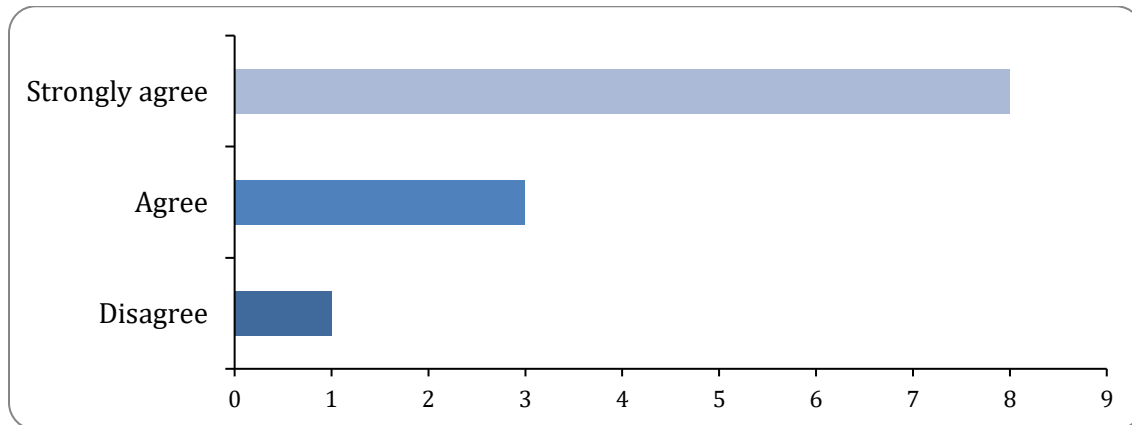
Do you have any brief comments that form the basis of your response.

There were 4 responses to this part of the question.

- NHS Forth Valley need to provide the tools and information to implement set aside.
- There seems to be no control or influence when it comes to NHS commissioned services.
- IJB has rarely had the opportunity to undertake this.
- Again, I hope that this is being done.

20: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 1 | 8.33% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

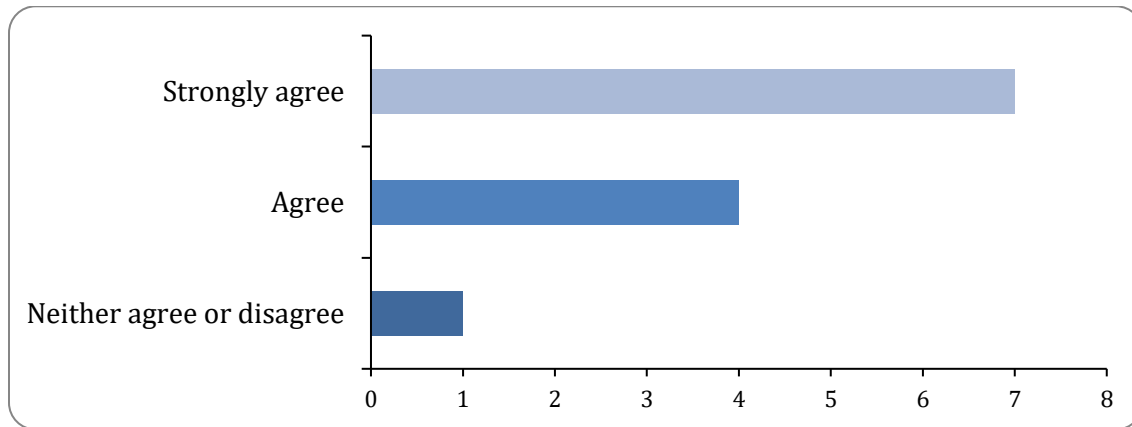
Do you have any brief comments that form the basis of your response.

There were 5 responses to this part of the question.

- Will help inform improvement.
- If we don't know how we are doing how can we improve?
- This would need to be with comparator partnerships, not all.
- Some benchmarking data has been included as performance reports have been refined and improved over time. But data are not always available or delays can make relevance difficult. This is an issue that goes beyond IJBs to those who collect and analyse data.
- This will tell us how effective we are being or not achieving the performance expected.

21: Identifying and implementing good practice will be systematically undertaken by all partnerships.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 7 | 58.33% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 1 | 8.33% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

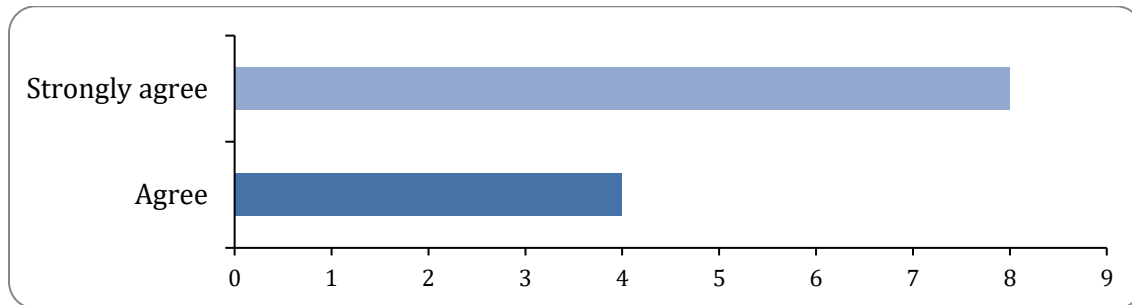
There were 6 responses to this part of the question.

- Difficult to achieve in practice.
- Good rather than best.
- This is a good area to look at. Good practice is a starting point. Good practice elsewhere does not necessarily mean it will work here. Still worth looking at though.
- Scottish Government should have a critical role in the identification, dissemination and coordination of good/best practice to Partnerships.
- Various groups, e.g. Chief Officers' Group, Finance Officers' Group, Chairs' Group exist and do provide some of this but more could be done.
- It should improve performance, especially if it is shared among all H&SCPs.

Clackmannanshire & Stirling HSCP

22: Effective approaches for community engagement and participation must be put in place for integration.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 8 | 66.67% |
| Agree | 4 | 33.33% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

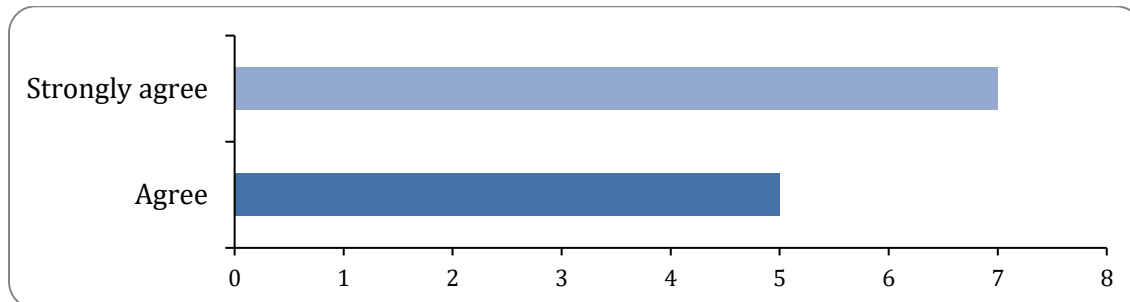
There were 5 responses to this part of the question.

- Needs to further develop
- Community engagement is vital to take the public with you.
- Effective approaches = meaningful engagement.
- Locality planning has increased engagement, but more can be done to enable participation of local people and organisations.
- Don't feel much of this has happened yet and community engagement and participation could do a lot to help improve the health and welfare of sections of the community.

Clackmannanshire & Stirling HSCP

23: Improved understanding of effective working relationships with carers, people using services and local communities is required.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 7 | 58.33% |
| Agree | 5 | 41.67% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

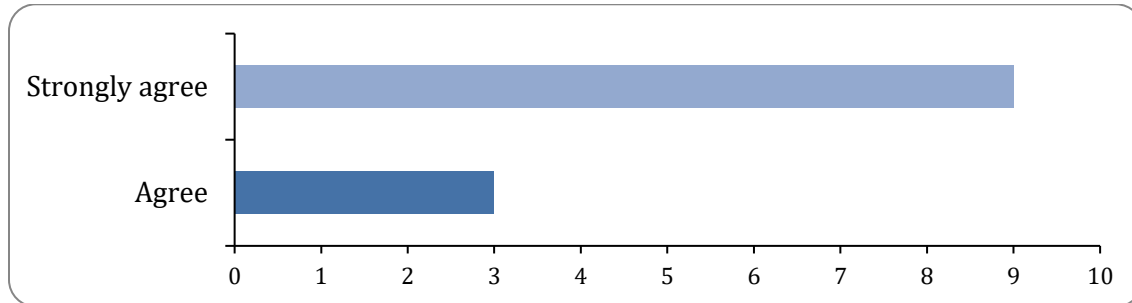
There were 6 responses to this part of the question.

- Strategic Planning Group and localities are solid bases to build upon.
- Carers and service users still feel things are done and this is what we do...
- Little evidence to date of patient or citizen at the center and no decisions without them.
- Clear mechanisms should be in place to highlight where there are ineffective working relationships with carers, service users and the local community.
- I believe there is already very good processes in place but they should always be under review for possible improvements.
- The culture still seems to be that of professionals telling carers, people using services and those in the community, rather than working with them in an equal relationship and listening to them. Not all professionals are like this, but many are and this culture barrier has to be removed. The challenge also exists where not everyone using services is prepared to take responsibility for themselves or others and there still must be flexibility in working relationships between professionals and carers, people using services and local communities. More training is needed.

Clackmannanshire & Stirling HSCP

24: We will support carers and representatives of people using services better to enable their full involvement in integration.

There were 12 responses to this part of the question.



| Option | Total | Percent |
|---------------------------|-------|---------|
| Strongly agree | 9 | 75.00% |
| Agree | 3 | 25.00% |
| Neither agree or disagree | 0 | 0.00% |
| Disagree | 0 | 0.00% |
| Strongly disagree | 0 | 0.00% |
| Not Answered | 0 | 0.00% |

Do you have any brief comments that form the basis of your response.

There were 3 responses to this part of the question.

- Clear definition on the terms of support to be offered to carers and their representatives is required to ensure their full involvement in integration.
- This needs to go beyond having reps on the IJB - that's important but should only be one part of the process
- Not enough staff or time allowed for this to happen at present. More training is needed and better qualified staff. Increased numbers of older people living at home, many on their own, need much more support than is being provided at the moment.

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 12

Strategic Risk Register

For Approval

| | |
|--|---|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Ewan Murray, Chief Finance Officer |
| Author(s) | Ewan Murray, Chief Finance Officer |
| Exempt Report | No |

| Directions | |
|--------------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

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| Purpose of Report: | To provide the Integration Joint Board to the Strategic Risk Register for review and approval. |
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| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Review, discuss and approve the Strategic Risk Register 2) Note the full Strategic Risk Register |
|-------------------------|--|

1. Background and Considerations

- 1.2 Given the increasing risk profile across Health and Social Care both locally and nationally from March 2024 the Strategic Risk Register (SRR) is normally now a standing agenda item on the IJBs agenda rather than being an element of performance reporting as was previous practice.
- 1.3 The Audit and Risk Committee last reviewed the Strategic Risk Register on 4 December 2024.
- 1.4 As previously agreed, where risk scores are increased or decreased this is reflected in the covering paper with an explanation of the reasoning applied.
- 1.5 Further work is required with the constituent authorities to systemise the SRR possibly using Pentana to streamline updates and reporting.
- 1.6 Discussion and comment on the revised SRR from IJB members are welcomed to inform continuous improvement of Risk Management arrangements.

2. Strategic Risks with Changed Risk Scores

- 2.1 Post discussion with the Audit and Risk Committee on 4 December 2025 the following risk scores for the following Strategic Risks were amended.

Risk: HSC 002 – Inadequate Governance Leadership, Decision Making and Scrutiny

Check whether the cause and risk scoring are correct. Reflect as an action to understand whether it's an external or internal concern.

Risk: HSC 007 – Harm to Vulnerable People, Public Protection and Clinical and Care Governance

Add an explanation as to why the risk score was increased. Incorporate the reference to safety into the title of the risk.

Risk: HSC 008 - Sustainability and oversight of adult placement in external care home and care at home sectors

Remove the word safety from the title of the risk.

3. Appendices

Appendix 1 - Strategic Risk Register

| CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER @ 21012025 | | | | | | | | | | | | |
|---|--|--|-------------------------------|-------------------------------|--|-----------------|---|--|--|----------------------------------|---------------------------------------|---|
| Ref | Title | Description | Likelihood | Impact | Risk Score | Impact Category | Risk Appetite | Risk Tolerance | Mitigation/Control | Risk Owner(s) | Manager(s) Responsible | Update/Notes / Direction of Travel |
| HSCP 001 | Delivery of Strategic Commissioning Plan within available budget | <p>Risk The risk that delegated integration functions and services cannot be delivered within resources available.</p> <p>Cause Demand for statutorily provided services exceeds ability to deliver within budget and available resources. Cost of delivery of services exceeds provided and available budget. Insufficient funding allocations to the IJB from Partners.</p> <p>Effect Inability to deliver Strategic Plan</p> | Current (5) Target (3) | Current (5) Target (3) | Current (25) High Target (9) Medium | Financial | Cautious We wish to achieve sustainability by spending well, making the most of our resources and achieving statutory financial targets. | Moderate we are prepared to accept variances for a limited period whilst mitigation/recovery plans are implemented. | <ul style="list-style-type: none">The Integration Scheme details the actions to be taken in the event of this and furthermore, the contingency arrangements should Partner Bodies be unable/unwilling to provide additional funding.Transformation Programme for the HSCP in place, with a range of programmes. identified to support delivery of Strategic Plan within allocated budgetsGovernance / reporting mechanisms for Transformation Programmes are in placeFinancial position monitored on ongoing basis by SMLT, IJB Finance & Performance Committee, and Audit & Risk Committees and full IJB.A Medium-Term Financial Outlook is also completed which assesses the financial resources required to deliver the strategic plan whilst delivering financial balance for the IJB <ol style="list-style-type: none">24/25 Revenue Budget Approved incorporating risk assessment. (March 24)Agreed process for agreement and payment of contract rates including uplifts. (Annually 24/25 complete)Adherence to directions policy including savings detail at constituent authority level.Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (March 25)Follow integration scheme requirements for recovery plan (November 2024)Development of 25/26 IJB Business Case per Integration Scheme requirement (Jan 25)Development of 25/26 IJB Revenue Budget proposals (March 25)Development of 25/26 to 27/28 Delivery Plan and Medium Term Financial Plan (March 25) | Chief Officer | Chief Finance Officer | Draft 25/26 IJB Business Case and Development of Options for Financially Sustainable Service Delivery (Jan 25) |
| HSC 002 | Inadequate Governance, Leadership, Decision Making and Scrutiny | <p>Risk The risk that governance and assurance arrangements are unable to allow the IJB to discharge its statutory duties.</p> <p>Cause Lack of clarity of role and responsibilities across the IJB, HSCP and Partner Organisations.</p> <p>Leadership, decision making and scrutiny arrangements are inadequate</p> <p>Effect Poor oversight of performance in service provision and financial terms leading to demonstrable progress against the Strategic Commissioning Plan priorities not being delivered.</p> | Current (3) Target (2) | Current (4) Target (4) | Current (12) Medium Target (8) Low | Compliance | Averse - We are not prepared to take any risk when discussing our regulatory compliance or in delivery of the Strategic Commissioning Plan priorities. | Cautious - We are prepared to take informed risks provided that benefit outweighs the negative outcome. | <ol style="list-style-type: none">The Integration Scheme sets out roles and responsibilities of the IJB and the constituent authorities.The Standing Orders of the IJB set out the governance arrangements that it operates within. (last updated November 2024)Regular consideration of proportionate scrutiny arrangements for each constituent authority.Development of enhanced and expanded approaches to engagement with people with lived experience, public and communities. (ongoing)Reviewed and reformed SMLT working arrangements. (from Feb 24)Ensure use of revised directions policy and implement performance monitoring (from March 2024 use - Feb 25 monitoring via Finance, Audit and Performance Committee)Prepare and Monitor Governance Action Plan as part of Annual Governance Statement. (June 2024 then quarterly) | Chief Officer (Chief Executives) | Chief Officer & Chief Finance Officer | <p>The Integration Scheme in the process of being reviewed by the Partner Organisations and is expected to provide clarity beyond the original version of respective roles and responsibilities.</p> <p>The IJB Standing Orders were reviewed and updated at the October and November 24 IJB meetings.</p> <p>NOTE: The Audit and Committee asked that this risk is fundamentally reviewed once revised integration scheme is approved by constituent authorities and actions are likely to be subsumed into other risks where appropriate.</p> |

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|---------|--|---|-------------------------------|-------------------------------|---|-----------------------------|--|--|---|---------------|---|--|
| HSC 003 | Delivery of Integrated Performance Framework | <p>Risk The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities.</p> <p>Cause Lack of accurate recording, poor recording and information systems and lack of access to and analysis of available information.</p> <p>Effect Inability to adequately provide reporting and assurance on performance to IJB.</p> | Current (4) Target (1) | Current (4) Target (4) | Current (16) High Target (4) Low | Transformation / Innovation | Moderate - accepting that a greater degree of risk is required to improve outcomes, transform services and ensure VFM. | Open - To allow innovation and initiation and planning for change. | <p>1. Review and reform of Integrated Performance Framework (June 24)</p> <p>2. Subject to IJB approval work with constituent authorities to implement IPF (from June 2024)</p> <p>3. Further develop approach to Annual Performance Report including future development of planning and reporting at locality level and benchmarking with 'peer' Health and Social Care Partnerships. (Oct 24 and annually)</p> <p>4. Develop workplan for new FAP Committee to discharge terms of reference (Oct 24)</p> <p>5. Development of performance measures and reporting at locality level. (ongoing)</p> <p>6. Agree Improvement Plan with NHS FV to address data issues including SMR data and ensure appropriate planning around unscheduled care. (ongoing linked to set aside work- March 2025)</p> | Chief Officer | Chief Finance Officer and Head of Strategic Planning and Health Improvement | |
| HSC 004 | Delivery of Integrated Workforce Plan | <p>Risk The risk that workforce challenges are not adequately managed.</p> <p>Cause Lack of robust workforce planning and failure to appropriately support the integrated workforce.</p> <p>Effect Reduced recruitment and retention and failure to appropriately develop, train and performance manage the integrated workforce.</p> | Current (3) Target (1) | Current (4) Target (3) | Current (12) Medium Target (3) Low | Workforce | Cautious - to support staff to innovate and improve, balancing risk and benefits. | No tolerance set. | <p>1. Ensure inclusive approach to staff engagement at all levels. (Ongoing)</p> <p>2. Develop multi-disciplinary care pathways and teams. (ongoing)</p> <p>3. Workforce engagement on transformation programme including practice elements such as SDS. (from March 24)</p> <p>4. Ensure consistent use of iMatter staff survey platform across the constituent authorities, and the development of reporting infrastructure against HSCP within that system. (from June 24 for new imatter survey)</p> <p>5. Staff Development and Training Programmes including Mandatory Training. (ongoing but requires commitment and support from constituent authorities)</p> <p>6. Positively manage relationships with Staff Side/Trade Union representatives. (ongoing)</p> <p>7. Continue to prioritise and support workforce wellbeing. (Ongoing)</p> <p>8. Monitor implementation of the approved workforce plan. (Annually)</p> <p>9. Implement enhanced vacancy control measures including panel and monitor impact (in place from March 24 revised Nov 24)</p> | Chief Officer | Heads of Service (x3) | |
| HSC 005 | Patient / Service User Experience | <p>Risk The risk that patients/service users have a poor experience of care and/or their personal outcomes are not met.</p> <p>Cause Lack of co-design of services taking account of lived experience, lack of assurance on clinical and care governance standards.</p> <p>Effect Patients/service users personal outcomes are not met. Failure may create additional avoidable demand.</p> | Current (4) Target (2) | Current (4) Target (3) | Current (16) High Target (6) Low | Patient/Service User Harm | Averse - No tolerance but recognition we will have to accept risk that have been reduced as low as possible | No tolerance set. | <p>1. Participation and Engagement Strategy. (In place but requires review - est timeframe by June 25)</p> <p>2. Service user participation in IJB, SPG and Locality Planning Network (In place)</p> <p>3. Use of Care Opinion (In place)</p> <p>4. Complaints processes and review of significant events to facilitate learning (in place)</p> <p>5. Carers Planning Group including Carers representatives (in place)</p> <p>6. Process and training for EQIAs (In place)</p> <p>7. Self Directed Support Steering Group including representation from peer support organisations and co-chaired by person with lived experience (in place).</p> <p>8. Self Directed Support Lived Experience Panel (in place and being developed based on feedback from supported people and their carers).</p> <p>9. IJB agreed Self Directed Support Policy and associated Directions.(June 2024)</p> <p>10. Jointly developed new Transitions Policy developed in partnership with people with lived experience (in place).</p> <p>11. Ensure detailed improvement action plans are put in place and monitored where inspections highlight required improvements.</p> | Chief Officer | Heads of Service (x3) | |

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|---------|---|--|-------------------------------|-------------------------------|--|---------------------------|---|--|---|--|--|--|
| HSC 006 | Information Management and Governance | <p>Risk The risk that Information Management and Governance issues are not adequately managed to support delivery of strategic commissioning plan and information sharing processes, practice and governance is inadequate to support efficient service delivery.</p> <p>Cause Lack of or non adherence to adequate policies, data sharing arrangements and management information systems.</p> <p>Effect Inefficient service delivery, reputational harm and sub optimal performance management.</p> | Current (5) Target (3) | Current (5) Target (3) | Current (25) High Target (9) Medium | Compliance | Averse - We are not prepared to take any risk when discussing out regulatory compliance | Cautious - We are prepared to take informed risks provided that benefit outweighs the negative outcome. | <ol style="list-style-type: none"> 1. Ensure Data Sharing agreements between constituent authorities are in place, signed and periodically reviewed. 2. Annual Information Governance Assurance Report (Oct 24 and Annually) 3. Awareness raising of respective organisational policies (ongoing) 4. Mandatory training (ongoing monitored through appraisal processes) 5. Press constituent authorities to facilitate appropriate systems access to support functional 'one for Clackmannanshire and Stirling' approaches eg Commissioning | Chief Officer | Chair of Data Sharing Partnership / Heads of Service / Standards Officer | |
| HSC 007 | Harm to Vulnerable People, Public Protection and Safety and Clinical & Professional Care Governance | <p>Risk The risk that clinical and professional care governance arrangements are inconsistently applied and there resultant harm to service users or the general public.</p> <p>Cause Potential for a lack of effective systems of clinical and care governance including assurance.</p> <p>Effect Harm to vulnerable people or general public.</p> | Current (4) Target (1) | Current (4) Target (4) | Current (16) High Target (4) Low | Patient/Service User Harm | Averse - No tolerance but recognition we will have to accept risk that have been reduced as low as possible | No tolerance set. | <ol style="list-style-type: none"> 1. Integration Joint Board has assurance that commissioned services operate and are delivered in a consistent and safe way (Annually) 2. Clinical and Care Governance Assurance arrangements (Nov 24) 3. Whole system working to minimise delay to discharge arrangements (ongoing) 4. Establishment of Quarterly Clinical and Care Governance Meetings (in place) 5. Further develop linkage with Performance Frameworks (in development) 6. Annual Clinical and Care Governance Assurance Report to IJB (Annually) 7. Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete (October 24) 8. Develop and present improvement plan for Joint Inspection of MH Services (Jan 25) | Chief Officer / Chief Social Work Officers / NHS Forth Valley Medical Director | Heads of Service (x3) | |
| HSC 008 | Sustainability and oversight of adult placement in external care home and care at home sectors | <p>Risk The risk that providers are not sustainable or oversight arrangements are inadequate.</p> <p>Cause Lack of effective overview or provider failure for financial or other reasons e.g. lack of workforce or inability to control costs.</p> <p>Effect Increased likelihood of statutory sector requiring to step in as 'provider of last resort' / unforeseen increased costs</p> | Current (4) Target (2) | Current (4) Target (2) | Current (16) High Target (4) Low | Financial | Cautious We wish to achieve sustainability by spending well, making the most of our resources and achieving statutory financial targets. | Moderate we are prepared to accept variances for a limited period whilst mitigation/recovery plans are implemented. | <ol style="list-style-type: none"> 1. Provider forums are in place as is a commissioning and monitoring framework. (in place) 2. There is clear regulation and inspection. (in place) 3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) 4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group. (ongoing). 5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence. (in place) 6. Business continuity planning arrangements. (In place – subject to ongoing review) 7. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues. (as required) 8. Caseload review. (ongoing) 9. Care Home Assurance Tool. (ongoing) 10. Ensure consistent and effective approach to appropriately manage Large Scale Investigations. (LSI's) (Ongoing) | Chief Officer | Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord | |

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| HSC 009 | Primary Care Sustainability | <p>Risk The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services /(PCIP)</p> <p>Cause Insufficient funding, lack of identification and implementation of sustainable service options, aging workforce and demand for services outstripping supply.</p> <p>Effect GP Practices requiring to be , loss of service provision and resultant impacts on rest of Health and Social Care system.</p> | Current (5) Target (3) | Current (5) Target (3) | Current (25) High Target (9) Medium | Transformation / Innovation | Moderate - accepting that a greater degree of risk is required to improve outcomes, transform services and ensure VFM. | Open - To allow innovation and initiation and planning for change. | <ol style="list-style-type: none"> 1. Premises investment priorities identified (in place but subject to review) 2. Primary Care Improvement Plan (PCIP) being delivered proactively and sustainability options being appraised. 3. Support for practices to become training practices (delivered in conjunction with NES) 4. Primary Care Improvement Plan tripartite oversight and review to ensure sustainable (ongoing) 5. GP IT Programme Board established 6. Pan FV Local Sustainability Group in place to advise on sustainability matters (in place) 7. Expansion of community pharmacy services. 8. Alignment with quality clusters and leads to ensure GP practices and MDTs are informed of and involved in quality improvement and assurance. 9. Establishment and monitoring of GP Sustainability data and workload to inform the development of future controls and actions. | IJB Chief Officers | Head of Primary Care / Associate Medical Director / GP Clinical Leads / Chief Finance Officers | |
| HSC 010 | Potential Industrial Action | <p>Risk The risk that industrial action materially affects service delivery.</p> <p>Cause If one of more sectors of H&SC workforce chooses to take industrial action.</p> <p>Effect Disruption to service delivery, requirement to invoke business continuity plans and potential for unforeseen cost implications.</p> | Current (2) Target (2) | Current (4) Target (3) | Current (8) Low Target (6) Low | Workforce | Cautious - to support staff to innovate and improve, balancing risk and benefits. | No tolerance set. | <ol style="list-style-type: none"> 1. (Ongoing) Review and ensure business continuity arrangements are up to date and robust 2. (Ongoing) Work closely with constituent authorities to fully understand likely impacts. 3. (Ongoing) Ensure ongoing constructive working relationships with staff side / unions are maintained. 4. (Ongoing) Participate in regional pan FV and local resilience arrangements. (ongoing) | Chief Officer | SMLT | |
| HSC 011 | Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety | <p>Risk The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or adequacy of resources.</p> <p>Cause Demand outstripping supply and/or transformation programmes being inadequate.</p> <p>Effect Inability to meet demand, requirement to prioritise and potential not to meet statutory obligations. One or more parts of H&SC system being overwhelmed and loss of public confidence.</p> | Current (5) Target (2) | Current (4) Target (3) | Current (20) High Target (6) Low | Public Confidence | Cautious - for risks impacting on public confidence which flow from informed decision making. | Moderate - we are prepared to operate within a moderate tolerance range for Public Confidence for a defined period while mitigation plans are developed. | <ol style="list-style-type: none"> 1. (ongoing) Ensure Strategic Planning is Based on robust Strategic Needs Assessment 2. (Ongoing) Manage positive arrangements with providers through providers forum 3. Ensure robust data informed annual IJB Business Case is produced. (Jan 25/annually) 4. (Ongoing) Use of national networks to articulate and inform future resource requirements 5. Local capacity and activity monitoring (Weekly) 6. Development of capacity and activity dashboard (April 25) 7. Ensure focus on transformation programme to maximise use of existing resources (Ongoing) 8. Work with constituent authorities to promote partnership as a good place to work. (Ongoing) | Chief Officer | Heads of Service (x3) / Chief Finance Officer | |

Explanation of Scoring:

Likelihood and Impact are scored on a 1-5 Rating. The scores are then multiplied to give an overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green. NOTE: where control measures updated this is highlighted in italics.

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 13

Review of Meetings

For Approval

| | |
|--|---|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Lesley Fulford, Senior Planning Manager |
| Author | Lesley Fulford, Senior Planning Manager |
| Exempt Report | No |

| Directions | |
|--------------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

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| Purpose of Report: | To set out options for the future conduct of the Integration Joint Board. |
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| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the contents of this paper 2) Approve the recommendation to release the recording of the meeting and for it to be uploaded the web page to improve transparency. 3) Approve the recommendation to publish deputations on the website alongside the papers to ensure transparency. 4) Approve the recommendation to allow the IJB through the Chief Officer to respond to deputations on behalf of the IJB. 5) If these recommendations are approved instruct the Standards Officer to bring back revised Standing Orders and Virtual Meeting Protocol to next IJB in March. |
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| Key issues and risks: | |
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1. [Background](#)

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 put in place a requirement for NHS Boards and Local Authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships.
- 1.2. Clackmannanshire and Stirling are the only multi-Local Authority Integration Authority in Scotland.

2. [Protocol for IJB Meetings](#)

- 2.1. In the Summer of 2000, partly as a result of the COVID pandemic, a [protocol for virtual meetings](#) was developed and issued to IJB members.

- 2.2. This protocol is over 4 years old, and it is timely for us to review how the IJB is running and identify opportunities to structure this differently.
- 2.3. As IJB meetings are still operating on a hybrid basis, it would be prudent to retain the protocol for virtual meetings, perhaps with some amendments.

3. Options To Be Considered

Release of Recordings

- 3.1. Meetings are currently recorded for minute taking purposes only.
- 3.2. IJB is asked to approve the recommendation to release the recording of the meeting and for it to be uploaded the [web page](#) to improve transparency. Should IJB members not wish to be on the recording they can either if online turn their camera off or if physically in the meeting position themselves out of the view of the camera.

Deputations

- 3.3. The Integration Joint Board (which has been meeting since 2015) has rarely been in receipt of a deputation. The IJB has always made decisions based on consensus and has never called a vote.
- 3.4. There have recently been deputations, and this has posed questions as to the governance of these and what right of response the IJB has to ensure the appropriate legislative requirements are met. Below sets out the options for consideration for how this may be implemented in practice.
- 3.5. IJB is asked to approve the recommendation to publish deputations on the website alongside the papers to ensure transparency of decision making.
- 3.6. IJB is asked to approve the recommendation to allow the IJB through the Chief Officer of Chief Finance Officer to respond to deputations on behalf of the IJB. This will assist in ensuring that the IJB ensures transparency and accountability of its decisions and strategic direction with all partner bodies.

Amendments to Standing Orders

- 3.7. These would require amendments to the [Standing Orders](#) and should the board approve these recommendations, should instruct the Standards Officer to bring back revised Standing Orders to next IJB in March.

Amendments to Virtual Meeting Protocol

- 3.8. The above would require amendments to the Virtual Meeting Protocol and should the board approve these recommendations, should instruct the Standards Officer to bring back a revised Virtual Meeting Protocol to next IJB in March.

4. Conclusions

- 4.1. The above recommendations will increase the transparency of the IJB and enable the accountability of its decisions and strategic direction with all partner bodies; whilst ensuring all legislative and statutory requirements are met.

5. Appendices

None to note

| Fit with Strategic Priorities: | |
|---|--|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | None to note |
| Other Resources: | None to note |
| Legal: | None to note |
| Risk & mitigation: | There is a risk this will create additional work for corporate support, however, to improve transparency this will be absorbed into existing arrangements. |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at:</p> |

| | |
|--|---|
| | <p>Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |
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Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 14

Membership of IJB and Committee

For Noting and Approval

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|--|---|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Lesley Fulford, Senior Planning Manager |
| Author | Lesley Fulford, Senior Planning Manager |
| Exempt Report | No |

| Directions | |
|--------------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

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|---------------------------|--|
| Purpose of Report: | To set out proposed membership of Finance, Audit and Performance Committee and proposed changes to IJB membership. |
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|-------------------------|--|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the contents of this paper 2) Note dates and times for the Finance, Audit and Performance Committee meetings at 1.4 3) Approve the proposed members of the Finance, Audit and Performance Committee. 4) Approve the proposed amendments to membership of the IJB. |
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|------------------------------|--|
| Key issues and risks: | Provides details of the new Finance, Audit and Performance Committee and amended IJB membership. |
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1. Background

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 put in place a requirement for NHS Boards and Local Authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships.
- 1.2. Section 12(1)e of the Public Bodies (Joint Working) (Scotland) Act 2014 allows Integration Joint Boards to establish committees for any purpose.
- 1.3. Clackmannanshire and Stirling IJB approved the establishment of the Audit Finance and Performance Committee and its Terms of Reference in August 2024.
- 1.4. The IJB approved the use of the following dates and the committees workplan at their October 2024 meeting.

| Date | Time |
|-----------------------------|-------------|
| Wednesday 19 January 2025 | 1400 – 1600 |
| Wednesday 25 June 2025 | 1400 – 1600 |
| Wednesday 17 September 2025 | 1400 – 1600 |
| Wednesday 3 December 2025 | 1400 – 1600 |
| Wednesday 18 February 2026 | 1400 – 1600 |

- 1.5. IJB is asked to note the dates and times for the meetings.

2. Committee Membership

- 2.1. Under section 22 of the Clackmannanshire and Stirling Integration Joint Board standing orders the IJB will determine the membership of a committee; determine the terms of reference of the committee and determine who will act as Chairperson of the committee.
- 2.2. The membership of the committee was approved as 2 Elected Members from Clackmannanshire Council, 2 Elected Members from Stirling Council and 2 Health Board Non-Executives. With 2 non-voting members one professional and one non-professional.
- 2.3. The proposed membership will be verbalised at the IJB for approval.

3. IJB Membership

- 3.1. Resignations have been received from current third sector representatives. These are:
- Narek Bido, Recovery Scotland
 - Helen Duncan, Town Break
- 3.2. Two new third sector representatives are proposed to be joining the IJB, these are Anthea Coulter of Clackmannanshire Third Sector Interface (CTSI) and Natalie Masterson Stirling Voluntary Enterprise (SVE).
- 3.3. The IJB are asked to approve the proposed amendments to membership of the IJB.

4. Conclusions

- 4.1. This paper has updated the IJB on membership of the committee and the IJB

5. Appendices

None to note

| Fit with Strategic Priorities: | |
|---|-------------------------------------|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |

| Enabling Activities | |
|-----------------------------------|--|
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | None to note |
| Other Resources: | None to note |
| Legal: | None to note |
| Risk & mitigation: | None to note |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 15

NHS FV Clinical Governance Arrangements - Update

For Noting

| | |
|--|---|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Ashley Calvert, Head of Clinical Governance: NHS Forth Valley |
| Author | Ashley Calvert, Head of Clinical Governance: NHS Forth Valley |
| Exempt Report | No |

| Directions | |
|--------------------------|--------------------------|
| No Direction Required | X |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|---|
| Purpose of Report: | To provide an update on the Clinical Governance arrangements within NHS FV in line with the Clinical Governance Reporting Structure |
|---------------------------|---|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <p>1) Note the report</p> |
|-------------------------|---|

| | |
|------------------------------|------|
| Key issues and risks: | None |
|------------------------------|------|

1. Background

NHS Forth Valley is accountable for the quality of care delivered by its staff and received by its patients. It receives assurance that the Clinical Governance processes are working as intended through the activities of the Clinical Governance Committee.

The Clinical Governance Committee meets bi-monthly and follows a structured agenda and forward planner to ensure the delivery of effective Clinical Governance.

The Clinical Governance Committee met on 10th September and received and considered information and documents under the relevant agenda headings which were adapted from the Vincent Framework.

Table 1 details the reports, updates and presentations and discussions given under each heading, which gives assurance of safe, effective, person-centred care.

The Clinical Governance Working Group (CGWG) is a whole system governance group chaired by the Medical Director, with senior colleagues from Medicine, Nursing, Public Health, and Infection Control alongside Service Leaders. It is responsible for providing assurance that all NHS Forth Valley services have a focus on quality and safety.

Since the previous report, the Clinical Governance Working Group meeting took place on 10th October 2024. The meeting followed the same agenda headings as NHS FV CGC. Table 2 details the reports and updates:

2. Clinical Governance Committee Update

| CGC Agenda Item | CGC Reports and Updates Received |
|---|---|
| In Our Services: Is Care Safe Today? (for assurance) | 10 th September 2024 <ul style="list-style-type: none"> The Medical Director provided an Escalation update The Executive Nurse Director provided a verbal update on Emerging Clinical Issues The GP Out of Hours Update was provided |
| Was Care Safe in the Past? (for assurance) | The agenda items under this heading are reports and presentations which are standard items on the CGC agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were: 10 th September 2024 <ul style="list-style-type: none"> Acute Safety & Assurance Report (Apr-Jun 24) Whole System Assurance Report (Sep 24) SPSP Mental Health Update Healthcare Associated Infection (HAI) Report |
| Will Care Be Safe in the Future? (for assurance) | 10 th September 2024 <ul style="list-style-type: none"> Public Health Update Risk Management Update SRR004 Scheduled Care Focused Review |
| Is Our Care Person Centered? (for assurance) | 10 th September 2024 <ul style="list-style-type: none"> No Items |
| Are We Learning and Improving? (for assurance) | 10 th September 2024 <ul style="list-style-type: none"> Significant Adverse Event Report MBRRACE Update |
| Are our Systems Reliable? (for assurance) | 10 th September 2024 <ul style="list-style-type: none"> Internal Audit Outstanding Actions |
| For Noting | 10 th September 2024 <ul style="list-style-type: none"> Standards & Reviews (Apr & May 24) Clinical Governance Working Group Minute (Jun 24) NHSFV Infection Control Committee Minute (Jun 24) |

| | |
|--------------|---|
| | <ul style="list-style-type: none"> • SNAP – Scottish Stroke Care Audit Programme • FTF Internal Audit Department Review of Out of Hours |
| | |
| For Approval | 10 th September 2024 <ul style="list-style-type: none"> • Person Centered Care Annual Report |

3. Clinical Governance Working Group Update

| CGWG Agenda Item | CGWG Reports/Updates |
|--|--|
| | |
| In Our Service: Is Care Safe Today? (for discussion and scrutiny) | 10 th October 2024 <ul style="list-style-type: none"> • The Medical Director provided an Escalation update. • The Medical Director provided an update on the SNRRS CT Review |
| | |
| Was Care Safe in the Past? (for discussion and scrutiny) | <p>The agenda items under this heading are reports and presentations which are standard items on the CGWG agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were:</p> <p>10th October 2024</p> <ul style="list-style-type: none"> • Acute Safety & Assurance Report (Jun & Jul 24) • Healthcare Associated Infection (HAI) Reporting Template (Aug 24) • Whole System Assurance Report (Oct 24) • Drug Related Death Review Process • Cancer Update |
| | |
| Will Care Be Safe in the Future? | 10 th October 2024 <ul style="list-style-type: none"> • Risk Management Update • Public Health Annual Update • CPR Training Risk |
| | |
| Is Our Care Person Centered? (for discussion and scrutiny) | 10 th October 2024 <ul style="list-style-type: none"> • Person Centered Care Report (Sep 24) |
| | |
| Are We Learning and Improving? (for discussion and scrutiny) | 10 th October 2024 <ul style="list-style-type: none"> • SAER Report • PSCV Report • NHS FV Safety Collaborative Update |
| | |

| | |
|--|---|
| Are Our Systems Reliable? (for discussion and scrutiny) | 10 th October 2024 <ul style="list-style-type: none"> Medical Education Annual Report Medical Appraisal & Revalidation Annual Report |
| | |
| For Noting | 10 th October 2024 <ul style="list-style-type: none"> Standards & Reviews (Jun-Aug 24) Child Poverty Public Health Update R&D Annual Report SNAP – Scottish Multiple Sclerosis Register SNAP – Scottish Trauma Audit Group SNAP – Scottish Hip Fracture Audit Medical Devices Meeting Minutes Area Infection & Prevention Control Group Meeting Minutes Area Drug & Therapeutics Committee (ADTC) Minutes |
| | |
| For Approval | No Items |
| | |
| AOCB | No Items |

4. Conclusions

n/a

5. Appendices

n/a

| Fit with Strategic Priorities: | |
|---|-------------------------------------|
| Prevention and Early Intervention | <input type="checkbox"/> |
| Independent Living through Choice and Control | <input type="checkbox"/> |
| Achieve Care Closer to Home | <input type="checkbox"/> |
| Supporting People and Empowering Communities | <input type="checkbox"/> |
| Reducing Loneliness and Isolation | <input type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input type="checkbox"/> |
| Workforce Plan | <input type="checkbox"/> |
| Commissioning Consortium | <input type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |

| Implications | |
|-----------------------------------|--|
| Finance: | No financial implications resulting from this paper |
| Other Resources: | n/a |
| Legal: | n/a |
| Risk & mitigation: | n/a |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 16

Stirling Chief Social Work Officer Report 2023-24

For Noting

| | |
|--|--|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Jennifer Rezendes, Chief Social Work Officer, Stirling Council |
| Author | Jennifer Rezendes, Chief Social Work Officer, Stirling Council |
| Exempt Report | No |

| Directions | |
|--------------------------|--------------------------|
| No Direction Required | X |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|--|
| Purpose of Report: | The Chief Social Work Officer Annual Report provides an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across Stirling Council in 2023/24. This is an annual update report, and it is appropriate that the Board scrutinise the developments in relation to adult social work and social care over the last year. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <p>1) Consider and take assurance from the Chief Social Work Officer's Annual Report.</p> |
|-------------------------|---|

| | |
|------------------------------|---|
| Key issues and risks: | This report contains an update and there are therefore no risks associated. |
|------------------------------|---|

1. Background

- 1.1. Section 3(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc. (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer.
- 1.2. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies whether these are provided by the local authority or purchased from the private or voluntary sectors.

2. Considerations

- 2.1. The Chief Social Work Officer Annual Report for 2023/2024 has been completed using the standard template and following the advisory guidance produced by the Office of the Chief Social Work Adviser to the Scottish Government.
- 2.2. The annual report for Stirling provides an update from the Chief Social Work Officer on a number of areas: Governance, Service Quality, Challenges, Resources, Workforce, Training and Looking Ahead.
- 2.3. Note that those aspects of the report that pertain to Children and Families Social Work have already been reviewed by Stirling Council's Children and Young People Committee and areas relevant to Justice Social Work were

presented in an Annual Justice Social Work report to Stirling Council's Community Wellbeing and Housing Committee.

3. Appendices

1. CSWO Report
2. EqIA Initial Assessment

| Fit with Strategic Priorities: | |
|---|---|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | N/A |
| Other Resources: | N/A |
| Legal: | N/A |
| Risk & mitigation: | N/A |
| Equality and Human Rights: | The content of this report does not require a EQIA |
| Data Protection: | The content of this report does not require a DPIA |
| Fairer Duty Scotland | This paper does not require a Fairer Duty assessment. |

Chief Social Work Officer Report

2023-2024



Caring for all
our **community**



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Foreword



As Chief Social Work Officer, I am delighted to present my last Annual Report before retirement, which describes our challenges and achievements over the year and sets out the next steps in Stirling's ambition to deliver crucial services for vulnerable people.

Over the last eight years in this role, I have had the privilege of being involved in tremendous work from staff working across Stirling Council and Clackmannanshire & Stirling Health and Social Care Partnership (HSCP), the third sector and multi-agency partners.

Every year has brought its own unique set of circumstances, and this year has been no different. In 2023/24, we set up our own Child Protection Committee focusing exclusively on multi-agency working in Stirling; supported the opening of HMP & YOI Stirling; and co-ordinated the initial stages of the integration scheme review which will conclude next year.

Like all public services, we continue to face significant financial pressure, as the scale of demand continues to grow in the aftermath of the Covid-19 pandemic. Despite this, we have worked incredibly hard to support communities, galvanizing our organisational resources and professional resolve to meet what has often seemed like overwhelming demands.

Throughout the year we have embraced new legislation, policy and guidance across all our services with a growing national agenda.

In Children's Services, the Promise continues to be a focus for the majority of our work. In the last year we have also seen the introduction of the Scottish Recommended Allowance for Kinship and Foster Carers; further changes to Child Protection Guidance; continued delivery of the Whole Family Wellbeing Fund; development of our approach to Places of Safety, Bairn's Hoose & the UNCRC; and we have refreshed our support for those accessing Continuing Care.

In Justice, new practice guidance for reports and Court-based Social Work Services, focus on criminal exploitation, and a renewed Vision for Justice in Scotland have all had an impact on Social Work practice. The Victims, Witnesses, and Justice Reform (Scotland) Bill currently going through the Scottish Parliament will also change the way we deliver our services in the future, as will the Children (Care and Justice) (Scotland) Act.

For those working in the Health and Social Care Partnership and with vulnerable adults, the last year has seen a renewed Mental Health and Wellbeing Strategy; the Independent Review of Inspection, Scrutiny and Regulation of social care and a refreshed Dementia Strategy. We continue to learn from the findings of the Feeley report and recognise the significant changes that may be on the horizon, not just for Adult Social Care, but for all Social Work services.

We will continue to ensure that lived experience is at the centre of our service planning and delivery in order to strengthen good practice and learn from positive and negative experiences of those that currently use our services.

We continue to face challenges across Scotland with regard to recruitment and retention of Social Work and Social Care staff. Despite this, we continue to explore how we can strengthen recruitment and retention in Stirling. I am particularly pleased that we were able to implement a regrading for all Social Workers in recognition of the work they undertake day-to-day. We always keep a close eye on staffing levels across our services and will continue to do so.

I am incredibly grateful to all staff across Stirling who have worked exceptionally hard throughout the year and throughout my time in Stirling. With this ongoing commitment, I am confident that you will continue to offer invaluable support for adults, families and children when they need it most.

Marie Valente
Chief Social Work Officer



“Over the last eight years in this role, I have had the privilege of being involved in tremendous work from staff working across Stirling Council and Clackmannanshire & Stirling Health and Social Care Partnership (HSCP), the third sector and multi-agency partners.”



“We will continue to ensure that lived experience is at the centre of our service planning and delivery in order to strengthen good practice and learn from positive and negative experiences of those that currently use our services.”

Section 1

Governance

Governance for Children & Families and Justice Social Work is provided via Stirling Council's committee structure while Adult Social Work and Social Care is managed through Clackmannanshire & Stirling Health & Social Care Partnership (HSCP). This section outlines the governing role of Stirling Council and the HSCP.

Stirling Council

Stirling Council provides services to around 90,000 residents across Stirling, which has a mixed geography, comprising the City of Stirling, towns of Bridge of Allan, Dunblane, Doune and Callander, along with many villages. There was one by-election during the reporting period.

Stirling Council has a traditional Committee decision-making system where full Council (comprising all 23 Elected Members) is the highest decision-making body. Council, through the approval of its Scheme of Delegation, has specified which matters require to come to full Council for consideration/approval and has also established a number of decision-making Committees which have delegated authority to take a range of policy and other decisions in relation to the specific areas of responsibility each Committee has been given.

There are 4 main decision-making Committees which sit under Stirling Council, as follows:

- **Children & Young People Committee** – which exercises all functions of the Council pertinent to children and young people and has representatives from Education and Social Work.
- **Community Wellbeing & Housing Committee** – which has responsibility for community planning, housing, wellbeing and community and citizen engagement – this is where changes related to Justice Services (in so far as it relates to adults) are currently managed.
- **Environment, Transport & Net Zero Committee** – which manages policy development related to the economy, climate emergency planning, the built environment, roads, green space, waste and sustainability.
- **Finance, Economy & Corporate Support Committee** – which has responsibility for finance and corporate services.

Alongside the 4 main decision-making Committees, Stirling Council has also established a range of other Committees and Panels with specific roles and quasi-judicial functions, including an Audit Committee, Public Safety Committee and Planning & Regulation.

Section 1

Governance

The CSWO attends full Council as well as the Children and Young People Committee, Audit Committee, Finance, Economy and Corporate Support Committee as well as others as and when required. The Service Manager for Justice attends Community Wellbeing & Housing Committee on behalf of the CSWO.

Over the past year, Justice Social Work Services has, in partnership with others, been able to deliver several Elected Member Briefings on topics such as our Trauma Informed Approach, MAPPA and Community Unrest while the Children & Families Service has presented briefings on the Promise, recruitment of Foster Carers, the Whole Family Wellbeing Fund and Child Protection. This is in addition to policy papers which updated Stirling Council's position in relation to services such as Continuing Care and other key areas.

At a national level Children & Families Social Work are required to submit Scottish Government Returns on an annual basis in relation to: Child Protection, Looked after Children, and Aftercare. Justice Social Work provides Returns on: Drug Treatment & Testing Orders, Community Payback Orders alongside an Aggregate Return.

Each of these set of returns provide the Scottish Government with an indication of the volume and nature of activity for all the services that are provided by Children & Families and Justice Social Work. These processes are well established in Children & Families and Justice Social Work and have not changed in the last year.

Alongside these well-established monitoring frameworks, we are also fortunate within Children & Families and Justice Social Work in that we have had a consistency of leadership among our Senior Leadership Team and wider Team Leader group for a significant number of years. The next year will see significant change with the retiral of the CSWO, a Service Manager and an experienced Team Leader in Children with Disabilities – collectively with over 100 years of Social Work experience. This experience will be hard to replace but work is ongoing to strengthen and develop existing practice.



Section 1

Governance

Working in Partnership

The Clackmannanshire and Stirling Public Protection Chief Officer's Group (PPCOG) is the high-level strategic group that oversees public protection. The PPCOG provides oversight and scrutiny across the public protection arena with regular updates from the Clackmannanshire and Stirling Adult Protection Committee (APC) and Stirling Child Protection Committee (CPC). In September 2023, Stirling CPC had its first meeting as a disaggregated body, following the separation of Clackmannanshire and Stirling CPC. In the period since, we have already seen improved governance and greater efficiency in reviewing key operational and strategic areas of working.

Across services, partnership working represents a crucial aspect of strategic governance and operational oversight, not just public protection. Within Children & Families, we work with key agencies across a range of areas to deliver for Stirling's children, young people and families. For example, Stirling's Resource Allocation Group (RAG) oversees and ensures that wherever possible children remain in their home community with appropriate supports to avoid being placed in external placements out with the area. The budget of this group is shared between Children & Families and Schools, Learning & Education and invites colleagues from Commissioning, Finance and NHS Forth Valley where appropriate. We have further multi-agency groups across a range of strategic areas such as Corporate Parenting, Youth Justice, Housing, Child Poverty and more.

In addition to reporting to the Community Wellbeing and Housing Committee, locally, Justice Social Work Services also have reporting arrangements for the following strategic groups:

1. Forth Valley MAPPA Strategic Oversight Group (SOG)
2. Forth Valley Drug Related Death Adverse Review Group
3. Stirling Community Justice Board
4. Stirling & Clackmannanshire Alcohol & Drug Partnership
5. Stirling Council Rapid Re-Housing Transition Plan
6. Stirling CPC
7. Equality Safe Performance Framework - Gender Based Violence Annual Return

For Adult Services, the HSCP is unique in Scotland as it is the sole delivery vehicle for community health care and Adult Social Care covering two local authority areas. Both send elected members with full voting rights to the Integration Joint Board (IJB) alongside representatives of the wider partnership including NHS Forth Valley, the third sector, carers and community representatives. The IJB and its subgroups are responsible for scrutinising performance and management of the delegated budgets. This is underpinned by the Public Bodies Act (Joint Working) (Scotland) (2014) SSI 308 (2014).

Section 1

Governance

There are two sub-committees to the IJB, which cover: Audit & Risk; and Finance & Performance. For both committees, approved minutes go to the IJB for noting. In addition, the Strategic Planning Group (SPG) reports to the IJB, and below that, Locality Planning Groups feed into the work of the SPG.

The Community Empowerment (Scotland) Act 2015 places a duty on public authorities for community planning. Stirling Council is one of the five public bodies who have a shared responsibility for community planning. The HSCP is one of the partners subject to the community planning duty. The Community Planning Partnership's local outcomes improvement plan (LOIP), which sets out the priorities for improvement, is known as the Stirling Plan. Tackling inequalities is a specific focus of the community planning partnership.

The CPP has produced eight locality action plans, which cover urban communities falling within the lowest 20% of SIMD.

Community Planning in Stirling has a well-established structure. The Executive Board provides strategic leadership and governance, supported by a Senior Officers Group and six thematic partnerships e.g. Local Employability Partnership, Gender Based Violence Partnership, Gender Based Violence.

Stirling Community Planning Partnership does not have corporate body status. Governance is by trust and strong partner relationships, with a direct connection to individual partners' governance structures for approval of strategies and plans e.g. the production and implementation of a Community Learning and Development Plan; and an annual Local Child Poverty Plan Report.

The CSWO attends the Executive Board as appropriate; is a co-chair of one of the thematic partnerships (Strategic Group for Children and Young People (SSPGfC)); and an active member of other thematic partnerships including the Community Justice Partnership, the Alcohol and Drugs Partnership and, Forth Valley Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group (SOG). Social Work services are represented throughout the Community Planning Partnership.

Section 1

Governance

Social Work Practice & Pressures

Continuing vulnerabilities in the general population caused by the cost-of-living crisis, food and fuel insecurity and the residual impact of the Covid-19 Pandemic on mental wellbeing and isolation; coupled with much reduced public sector capacity due to budget constraints and recruitment/retention issues has created significant challenge.

Whilst these are mitigated hugely by collaboration and partnership working, there remains pressing complexity for service delivery. Pressures in recruitment in particular are having significant impact across all Social Work areas within Stirling.

For Children and Families, we continue to prioritise supporting families to stay together in their communities in line with the Promise, recognising the long-term benefits this has for young people. We have significant “buy-in” for this approach, but with fewer auxiliary resources in the community to support statutory services, pressure to maintain this approach is increasing and this is being felt by frontline staff. Development of preventative support via the Whole Family Wellbeing Fund has helped to mitigate the impact of these pressures but with time-limited funding, it remains to be seen how this support will be sustained in the long term.

Within Justice Services, we know pressures on resources for staff working across partner agencies including Social Work has led to the need to focus a greater proportion of time on statutory risk-management to meet legal obligations leaving less time to focus on crucial, yet less routinely measured, rehabilitation work aimed at prevention.

In Adult Social Work and Social Care, emerging from the Covid-19 Pandemic continues to pose challenges across the sector with a significant increase in referrals for care, support and protection without corresponding uplift in staffing and resources. Further challenges in trying to modernise and transition to digital technology, which should result in greater efficiencies over time, have further pressured capacity limiting the amount of time that practitioners can spend with those they support.

There remains significant pressure on finance, as discussed more in Chapter 4 – Resources, and speculation over the continuation of ring-fenced funding affected by the Verity House Agreement, and the potential for significant changes following the introduction of the National Care Service, are starting to have an impact on longer term planning.

Section 1

Governance

Quality Assurance

The CSWO has a key role in assuring the quality of Social Workers and of social work practice. A Corporate Performance Growth and Development system is in place for Senior Managers and Team Leaders. Frontline staff have a professional Supervision and Practice Development Framework, which is based on an outcome-focused approach and cited by the SSSC as good practice. An enhanced supported year is in place for newly qualified Social Workers entering the workforce and we have a Practice Development Officer in place to oversee this work and develop it further. We have a Practice Educator in place to augment the number of students in Stirling further improving our capacity. The Practice Development Officer and Practice Educator posts expire at the end of 2024, so we are developing a plan for this work to be embedded into the organisation for the future.

Corporate training is provided electronically via My Portal with regular reporting of uptake. A designated Training Officer for Public Protection delivers regular learning and training.

CSWO briefings are sent regularly to frontline staff summarising local and national policy developments with information on other relevant matters. Small group discussions with frontline staff and managers give staff the opportunity to directly engage with the CSWO and keep the CSWO up to date with emerging frontline practice issues.



Section 1

Governance

There are various reporting systems in place to assure the quality of social work practice. A regular programme of case file audits in Children & Families and Justice Social Work is in place with routine reporting mechanisms. Regular audits of service quality in our residential units are conducted.

There is routine scrutiny of complaints and enquires to Elected Members as well as actions taken to resolve issues. Findings from Learning Reviews and Large Scale Inquires are scrutinized at the Adult Protection Committee and Child Protection Committee. Action plans are approved by the Public Protection Chief Officer's Group. Stirling Council has a planned programme of audits that cover Social Work services. More recently, the Reviewing Officers in Children & Families social work have begun to take on a quality assurance/audit role.

The CSWO has regular contact with the young people on the Stirling Champions Board and their support staff who provide real – time feedback on young people's experience of services.

In Justice Social Work services, from a service user perspective, through the support of a member of staff with lived experience of the justice system from Recovery Scotland, we have established a Service User Group, which provides direct feedback on how they experience services.

The HSCP Clinical and Care Governance (CCG) Group acts as the assurance and review vehicle for the IJB and is responsible for overseeing quality assurance processes across the Partnership including professional regulation. The CCG Group assures the IJB, NHS Forth Valley, Clackmannanshire Council and Stirling Council that health and social care services are compliant with national standards and legislative requirements. The CSWO is a member of this group, as well as the IJB, to ensure quality assurance and provide professional advice.



Section 2

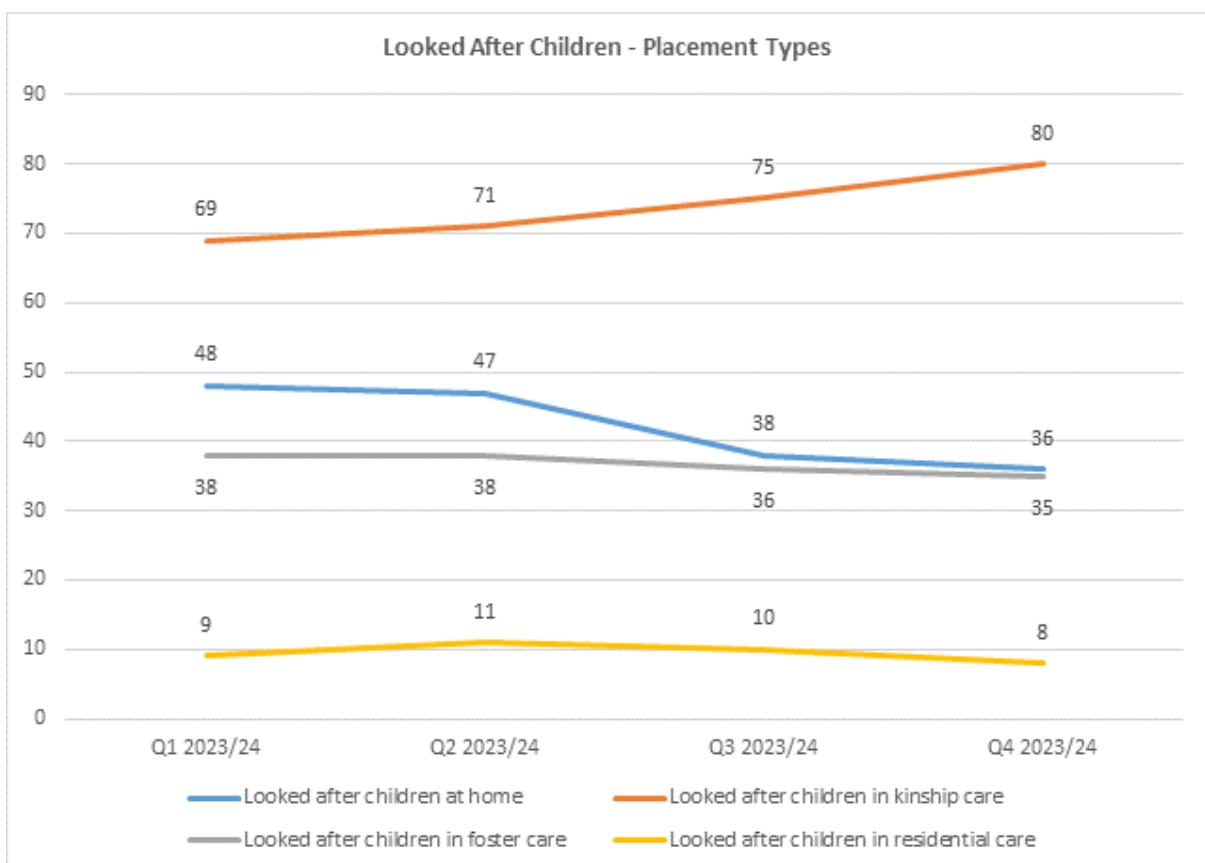
Service Quality

Children & Families

Balance of Care

Social work relies on multi-agency partnerships to identify and address needs and risks and we have confidence in the work that we all do to prevent families reaching crisis point. Partners focus on early intervention to ensure that children and families are supported at the earliest point and receive support when they require it, for as long as it is needed.

Looked After Children- Placement Types



The biggest area of note with regards our Children and Families service in recent years has been the continued transformation of care and the improved numbers of children staying with family. The graph above highlights that we have been able to sustain the low use of residential care placements following sustained efforts over a number of years. The table overleaf shows the changes in the proportion of placement types over the last 4 years and shows the long-term trends highlighting in particular the growth of kinship care and a reduction in home supervision.

The last year has seen sustained demand as a result of continuing factors such as the cost of living crisis, reduced resources and the prolonged recovery from the Covid-19 Pandemic still being felt in communities across Stirling. Nevertheless, the overall number of looked after children in Stirling has seen a slight reduction from 164 in Quarter 1 of 2023/24 compared with 159 by Quarter 4. Amid greater demand than we have seen previously, through early intervention programs such as the Whole Family Wellbeing Fund and universal supports, we have been able to keep all but those most in need from entering the statutory system in line with the ultimate aims of the Promise.

Proportion of looked-after children living in each placement type

| Placement Type | Proportion in 2020/21 | Proportion in 2021/22 | Proportion in 2022/23 |
|------------------|-----------------------|-----------------------|-----------------------|
| Home Supervision | 34% | 30% | 28% |
| Kinship Care | 38% | 43% | 42% |
| Foster Care | 19% | 21% | 24% |
| Residential Care | 9% | 6% | 7% |

Fieldwork Social Work

Our Fieldwork Social Work service comprises of an Intake Team, and four Locality Teams, two in North and two in South. The Intake Service acts as the initial point of contact for anyone referring for a Service where we are not already working with them. It receives and deals with the spectrum of general enquiries to specific concerns and acts as a feeder Team to the longer-term Fieldwork Teams where ongoing support is required. Intake is then a critical Team for facilitating prompt access to a Service, signposting of the public to other Services where required and intervening where necessary on a short-term basis or in preparation for transfer to a long-term Fieldwork Team. Indeed, Intake is the conduit via which all work coming to the Service passes through to access a service wherever this is required.

Section 2

As part of the development of Intake Team, we added in an element over this past year to try to improve initial responses and reduce the number of referrals of children and young people to the Reporters Administration that supports the Children's Hearing. Initially this was through a dedicated post but as this ended it was via incorporation of that posts method of working into early assessment and intervention practice. This has supported the overall rebalancing of care as already described. This models well the minimum intervention in family life principle where that is both possible and appropriate to do.

The Fieldwork Services are organised on a locality basis serving distinct communities of need by geographic identity with two Teams serving the South localities and two serving the North. We have seen differences in both the quantity and character of referrals from across each which has been more marked over 23/24 and has led to initial exploration of the causes, whether they are due to a combination of geographical boundaries, experience of workers or allocation approaches, and a review of how we may better organise our service structure. This exploration will likely come to strategic realisation later in 2024 when we will also begin to look to better maximise our resource base against these changing profiles of service need.



In June 2022, in conjunction with our partners we launched a new electronic system for recording Initial Referral Discussions (IRDs). There were some issues in relation to how these were being audited for quality assurance initially, but over the course of the year these were resolved and the new E-IRD system is working well. Its introduction has allowed for easier monitoring of IRDs for all partners and its implementation continues to be monitored.

Multi-agency working is crucial for all Fieldwork services, and throughout the year we maintained tripartite meetings with SCRA and Children's Panel members. These meetings, whilst challenging at times, nevertheless allowed us to ensure best practice was shared across all services in relation to Children's Hearings.

The overall transformation of care described previously was made possible by the hard work and commitment of our fieldwork teams and the scaffolding provided to families as part of wider wraparound support. Our commitment to #keepingthePromise is strengthened by close operational oversight from Fieldwork Service Management through our Resource Allocation Group. In addition, we continue to work with commissioned services such as Includem, Family Group Decision Making (FGDM), Functional Family Therapy (FFT) and Homestart.

As the graphs and charts above highlight, data is integral to the work we do across all children's services. As a result, we continually review the data we collect and the information in these reports informs our service design allowing us to attempt to predict trends in the future.

Family Support

Within the previous Chief Social Work Officer report, we spoke of our allocation of monies from the Whole Family Wellbeing Fund and the development of project leads to take these ideas forward. One of these projects is our Family Wellbeing Team, which has now been working with families since November 2023.

We have 1 full-time Team Leader, 3 full-time Intensive Home Care Workers, 1 full-time Social Worker and 1 part-time Speech and Language Therapist all in post. There have been some delays and challenges in recruiting for a Family Therapist, which has in turn impacted on the nature of support available.

Since opening to referrals in November 2023 until the end of March 2024, the team have supported 112 children across 68 families.

Families have been receiving a wide range of supports tailored to their own individual needs. Supports have included:

- Direct Individual self-esteem, nurture and emotional wellbeing work with children and young people.
- Practical support to maintain home conditions to a safe standard.
- Speech and Language consultation and support.
- Direct parenting support both practical and emotional.

There has been minimal demand for support over the weekends, however early morning and evening support is regularly accessed by our families and the staff team work flexibly to provide this support when required.

As the team continue to grow and support more families, there will be work undertaken on a phased exit plans at a time that is right for families. Early evaluation of the impact for these families is encouraging with all families appearing to see an improvement in wellbeing and safety.

We are working closely with our partner agencies and other family support services across Stirling to ensure that there is a coordinated approach to support across the local authority. The role of The Family Wellbeing Team has been to target families at risk of requiring a statutory service from Social Work and filling the gaps that do not appear to be met by other services.

Our Partnership Steering Group has created links with other services allowing us to be proactive in signposting to other services where appropriate but demand continues to be higher than we can comfortably meet while we continue to receive new referrals every week. Referrals have grown as services have become more aware of the team and we are working hard to ensure that we continue to provide a responsive and intensive service. Over the next year we intend to further develop opportunities to deliver a range of group work to allow us to support a wider group of families.

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Business Support

At the heart of the Children & Families Social Work Service and supporting all its activities, sits the Business Support Team. This Team often provides the first point of contact for the public and are fundamental to the overall functioning of the Service as a whole. There is considerable dependency upon Business Support for the processing and distribution of core statutory tasking from external providers such as the Children's Hearing system and Police Scotland, as well as directing calls and enquiries from the public to the appropriate Team and area of Service. They are also central to the management and provision of Service finances for our children and young people, Foster and Kinship carers and support each of the Teams in fulfilling statutory responsibilities to provide financial support for young people who are asylum seekers and /or in Continuing Care and After Care.

In the face of significant challenges over the past two years, we have reviewed and rationalised the Teams management and leadership, focus and activities and seen further savings made in the overall Team staffing level. This now sits at 14.5FTE staff, a reduction of 63.5 % from the 40 staff that were in post within the Team in 2013. This reduction has necessarily seen some tasking devolved back to front line staff, making them more self-serving. It has also necessitated us continuing with the introduction of greater efficiencies into the wider systems, processes and practices.



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Ultimately, in what is a very challenging climate we have had to build greater resilience within our Business Support Service as a depleted core Service area. Part of this has led to consolidation of staff grading to allow broader sharing of additional tasking so that more work can be undertaken from within the existing resource base.

Another operational example of this rationalisation of tasking is in the reduction of the amount of minute taking in non-essential areas of practice to acquire shorter and more succinct Action Notes as a basis to recording interventions and/or decisions at operational and strategic levels. We also continue to pursue the potential use of available software and digital tool capabilities such as Microsoft Teams transcription and recording.

Children with Disabilities

As with previous years, the Children with Disability (CWD) team has seen an increase in demand for assessment of children diagnosed with a disability, and an associated increase in care packages.

The ongoing increase in numbers has resulted in a pending list of fifty-four children as of March 2024. This pending list of assessments is a reduction of 17% from 2022-2023. As the numbers have continued to grow and with the evidence of growing demand and associated need, the CWD team was enabled to convert last year's one-year temporary support worker post to a permanent post within the team. Across 2023/2024, the rise in numbers of children as well as the interim support plans put in place prior to full assessment has seen the CWD budget pressured. Significant budget pressures were offset due to the challenges in recruitment and staff retention within services as well as underspend in RAG – more detail on this is provided in Section 4.

There continues to be times when providers are unable to fulfil allocated care hours due to staffing difficulties. We are continually reviewing all care packages to ensure those children requiring support receive what they need but are aware that not all hours allocated to children from their care packages are being accessed. In respect of residential short breaks for those children with complex care, discussion with providers has resulted in increased provision to ensure more young people receive support.

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In order to further support our complement of providers, we have established a CWD Providers Forum which aims to be a shared forum for those providers on the CWD Frameworks to liaise with the service to ensure transparency of need and demand. The approach includes a range of providers on respective frameworks who are registered to provide social inclusion and care and support. Although the providers on respective Frameworks did not increase over 2023/2024 it has helped to improve dialogue between service providers and the local authority. Almost all providers we work with continue to experience the challenges faced nationally around staff recruitment and retention.



Families for Children

The Fostering and Adoption Team incorporates Kinship Care and a Host family service. The team includes Social Workers, Family Support Workers and a full time Art Therapist. The shared theme across the services is that we recruit, support, train, and review families for children.

Recruitment

There is a national shortage of Foster Carers and, like other Fostering providers, Stirling has faced similar challenges not only in recruiting but keeping Foster Carers with more households deregistering in the last year than were approved.

We continue to use a range of communication mechanisms for public recruitment including social media, leafletting, drop-in sessions, utilising positive Foster Carers stories to showcase what Fostering can offer families. In the last year, we have also sought to use communications with Stirling Council's wider workforce to attract Foster Care applicants from within the Council. This included informal 'meet the team' sessions and an opportunity to hear about Foster Care. This approach has been successful, and we have ongoing assessments to progress these applications.

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Apart from one young person placed with an external Foster Carer, the remainder of the young people live with Stirling Council Foster Carers. We are proud of this record and know it has mutual benefits for both the Service and better outcomes for families too, with more coordinated support, local connections and improved planning. The service will continue to use varied approaches to ensure we have Foster families available for the children.

It is crucial that we have sufficient families to meet the needs of children who are cared for away from home supporting them to grow up feeling safe in line with our plans to Keep the promise. More families mean better opportunities to match children and better outcomes and this is a key priority going forward.

Retention

Ongoing training and a trauma informed workforce supporting Foster families and children are essential to keeping families. The team has been fully staffed and we know a stable, trained team is more likely to retain Foster Carers. Receiving consistent support is important in keeping Foster Carers. This will in turn improve services to Foster Carers and children. We also have the benefit of a therapist in the team who delivers support and training.

Staff from Stirling Council's Schools, Learning & Education Service have delivered training to Foster Carers and Social Workers around the neuro-sequential model of therapeutics helping them understand the impact of early trauma on the brain. This supports improved partnership working and develops mutual respect and supports quality relationships between staff and carers alike.

Although finances are not the only motivation to Foster it is important that Foster Carers and children are provided with the finance to ensure that children get the support they need to thrive. In August 2023, the Scottish government introduced the Scottish Recommended Allowance for Foster and kinship carers and this has provided a greater degree of consistency regardless of where a family lives.



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Training

Training Foster Carers is an essential part of improving outcomes for children who are cared for away from home. Training can equip Foster Carers to support the unique needs of children who are separated from their birth families and may be recovering from childhood trauma. We continue to deliver an extensive training program to Foster Carers which is flexible and listens to the views of Foster Carers. In addition to delivering in-person training we also provide digital opportunities for Foster Carer learning and development. We are completing individual learning programs for Foster Carers to ensure they are trained to have their skills maximised.

Adoption

There are smaller numbers of children with an adoption plan due to increased resources being provided to families to keep children at home or living with kinship carers. The team continue to successfully recruit adopters ensuring available when a child needs an adoptive family.

Adoption support is an increasing work pressure due to the increased number of children who require ongoing support. Early life experiences mean that children are at higher risk of developmental, health and emotional challenges. The Adoption workers regularly work alongside Fieldwork Children and Families teams and education services providing a partnership approach to providing assessment and supports. This approach is crucial to improving mental health outcomes for children as well as helping them thrive in the long term. Sustaining families requires time, skills, financial support, resources and persistence.

The team continue to recruit adopters and deliver 'preparation to adopt' groups and complete adoption assessment. This ensures we have families available when a child has an adoption plan. The team delivers adoption support groups informed by the needs and wishes of adopters.

Housing Support and Host Families

Due to the national shortage of available Foster Carers and shortage of resourcing within in-house residential care, housing support has offered care and support to three young people under the age of 16 within the past year. This has affected service delivery in regards to having to cover the service 24/7 so as to fully meet the needs of these young people. This has been supported by the Care Inspectorate who have granted variations to our service during these times. The majority of the staff team providing care and support have residential experience which has supported the needs of these young people being 'looked after' in its truest sense.

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The high retention of staff has also complimented this as the skills and knowledge base can be shared with new team members. Nevertheless, there have been challenges associated with the increased requirements associated with providing care to young people which is set out in the next section of the report.

Since participation in the National Transfer Scheme (NTS) became mandatory for all Local Authorities in November 2021, there has been an increased demand for Host Families, Foster Carers, supported housing and residential care. 21 unaccompanied asylum-seeking children have since been transferred to Stirling; the majority within the preferred 5 working day timescale and all within the required 10 working day timescale. All the children have been male so far and originate from several different countries including Afghanistan, Iran, Sudan, Eritrea and Iraq. Most speak very little English upon arrival and a high proportion are age disputed by the Home Office.

Stirling Council began to recruit Host Families in Autumn 2021 to provide a nurturing experience for unaccompanied asylum-seeking children over the age of 16 who would be coming to live in Stirling. It was possible to assess and register Host Families by extending Stirling Council's existing Supported Lodgings Service, which is an Adult placement service registered with the Care Inspectorate.

Residential Care

Our Brucefield Residential Service was due to be inspected around October, this is yet to happen as per guidance due to the high grades previously received with the service being deprioritised by the Care Inspectorate as it is not viewed as a risk. Although it should be noted that the inspector has changed resulting in a different inspector for the last 5 years. The manager has raised this with the inspector who will pass onto her management. The continuous change impacts on follow up improvements, relationships and continuity for the young people, staff and manager.

The service has grown by adding Glencairn House which is a 2 bedroomed house added to the existing registration. As a result of the growing service, the staff team have increased by an additional 6.5 FTE. There are some challenges nationally around staffing which are also impacting on Brucefield in terms of recruiting relief staff and covering shifts for annual leave/training and sickness. There are continued efforts and support from the full-time team to cover additional hours to maintain continuity and consistent care for our young people. Although due to recent changes and specific needs of young people agency staff have been used to supplement staffing. This is subject to continuous review to assess the impact and look at alternatives to resolve the potential negative effect for children and young people living there.

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Youth Justice

Continuing on from last year, we have worked closely with our Adult Justice colleagues to support the younger population accessing developmentally appropriate support. There is a shared understanding that our Youth Justice service will support those up to the age of 21, with consideration for those aged 21 to 26 where the young person is care experienced and known to our service. In order to ensure service resilience, we have developed flexibility within this criterion whilst retaining the integrity of the individual roles and teams.

We have developed a data set which demonstrates the redirection of work to the Children & Families hosted Youth Justice service, and away from the Adult Justice arena.

Over the last year we have continued to contribute to consultation and conversation around the Children's Care and Justice Bill, taking account of the impact this may have in relation to managing higher risk situations within the community and, where necessary, within the Children's Hearing system outwith the traditional court setting. We continue to link with the Children and Young People's Centre for Justice as this work gathers pace and welcome the changes the proposed Bill will bring into effect.

Within the last year, we experienced a sharp increase in the number of young people who were in custody as a result of sentence or awaiting trial date. There are regular visits to our young people who are in custody planning for reintegration to sustain them back in their community and prevent any further conflict with the law.

In an attempt to work at an earlier level with children who may be at risk of coming into conflict with the law we have also rolled out our Mellow for Young People groupwork programme. These have been hosted in education or training settings where young people have been referred by those supporting them. The aspiration is to offer this across all learning communities in Stirling. Evaluation to date has shown some improvement in self-esteem and wellbeing for those young people who have participated in these groups.

We have also recognised a need to take a regional approach to some improvement work. Each local authority across the Forth Valley area has their own governance arrangements, however our partners in Health and Police cover the entire area. Whilst recognising the individual differences in structure and approach, we have sought to share a community of practice and experience across the wider Forth Valley area with Clackmannanshire and Falkirk, to align where possible. Within this, we are looking to host a Places of Safety event and Youth Court proposal in Spring 2024 which brings together a range of key partners across the area.

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Continuing Care and Aftercare

Prior to September 2023, care experienced young people were provided with Through Care and After Care support via their allocated Children and Families Social Work team. Feedback from our young people indicated that they had valued this support. However, they felt that they would benefit more from a dedicated team that had a sole focus on the supports for older children and young people, who were no longer looked after.

Children and young people recognised that developments across Stirling enabled them to maintain important relationships with care experienced relatives beyond the point of statutory involvement or allocation.

The new Continuing and After Care Team has responsibility for any child or young person over the age of 16 who is no longer looked after, but who had been looked after at the point of their 16th birthday. Eligible young people can be supported by the team up to the point of their 26th birthday in line with the Children and Young People (Scotland) Act 2014.

Children and Families Social Workers support the planning for transition to the team which takes account of the individual needs of young people and their circumstances. Young people and services have responded positively to the creation of the new team. In consultation, with our Champs Board they have described a benefit in having an identified team which is responsible for the collective needs of all those who are no longer looked after.



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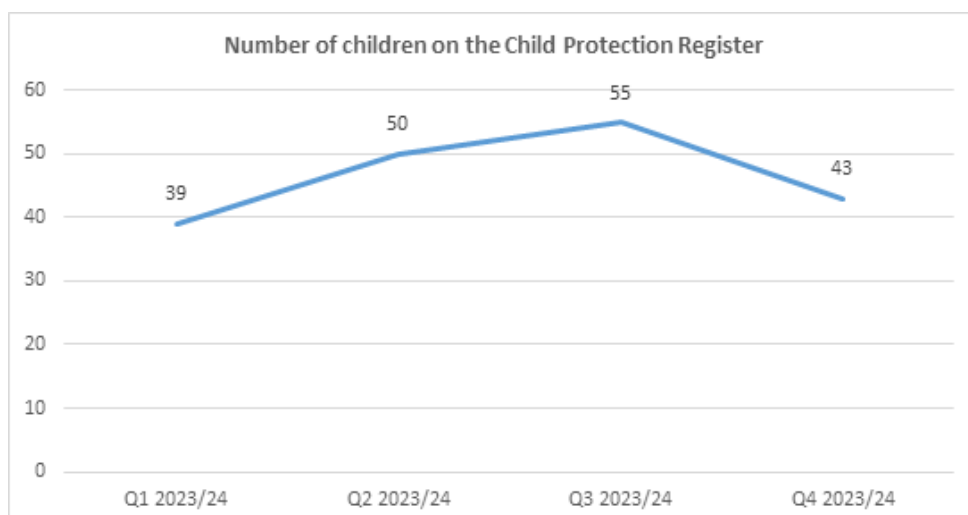
The young people have asked for deeper understanding of the varied eligibility for support, depending on their route through the care system and their current eligible needs. Several members of the Continuing and After Care Service support some of the Champs activities on a regular basis. Regular attendance at our Champs groups, other events and accessing the Home & Belonging space has helped young people feel comfortable around our care experienced relatives, and allows them to ask these questions.

In April 2023, there were 18 young people in continuing care placements, having continued to stay in the placement where they had previously been looked after. As of April 2024, we had 17 young people in continuing care placements, and may remain there until the age of 21. These numbers reflect the continued priority in providing consistency of care arrangements for young people as they make the transition to adulthood. In discussion with Promise Scotland, it was reflected that Stirling Council are actively embracing the ethos and practice of the Continuing Care legislation.

Child Protection

At the beginning of 2023-24, the decision was made to disaggregate Clackmannanshire and Stirling Child Protection Committee (CPC) into separate Committees for each local authority area with clearer governance procedures in place to enable more focused strategic discussion on local issues and more detailed data analysis particular to Stirling.

This has been beneficial as we have seen a moderate rise in the numbers of young people on the Child Protection Register in the area, although this did drop slightly in the final Quarter of the year below the figure we saw in Q4 of 22/23. This pattern mirrors that of last year but remains well below the high (67) experienced during Covid-19. We continue to regularly monitor these figures via the Performance & Quality Assurance Subgroup and via operational Social Work Management meetings with Team Leaders.



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Learning and development remain a key focus of Stirling CPC and this is explored more fully in Chapter 6. Throughout the year we have been successful in implementing a range of work designed to enhance the level of support on offer for children in need of protection. We have:

- Fully implemented the multi-agency Alternatives to Detention Protocol which identified previous best practice in enabling young people at risk of being detained to continue living in the community.
- Updated Forth Valley wide Care and Risk Management procedures (CARM) alongside newly developed training for key staff in line with our aim of equipping the workforce to identify need at an earlier stage and respond appropriately.
- Implemented Forth Valley Wide Initial Referral Discussion (IRDs) whilst continuing to review, evaluate and quality assure the effectiveness of the Inter Agency Referral Discussions (E-IRDs).

Within Stirling we have worked to implement the Scottish Child Interview Model with interviews beginning to take place from February 2024.



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Stirling Champions Board

Stirling Champions Board has been advocating for care experienced children and young people in the area for over 5 years since it was founded with the support of Life Changes Trust. How this support and advocacy has been delivered has changed during this time, particularly as a result of the Covid-19 Pandemic, and other changes to eligibility and access to services.

In 2023-24, we sought to re-establish more formal methods of engagement that had unfortunately ceased during the Covid-19 Pandemic. Refreshed Terms of Reference were drawn up which clearly set out the relationship between the Champs Board, and the various corporate bodies in the local authority such as Stirling Council's Children and Young People Committee and multi-agency groups such as the Corporate Parenting Group and Stirling Strategic Planning Group for Children (SSPGfC). A summary table is below:

| | |
|--|--|
| Stirling Council | The Council is the main scrutiny and debating forum for issues affecting the Council area and for the provision of democratic leadership. It exercises strategic leadership for the area and promotes the Council's core values. This is the highest elected body within Stirling Council and all elected members are able to represent their views here. |
| Children & Young People Committee | Exercising all the functions of the Council with respect to its role as Education Authority and Social Work Authority in relation to children and young people within the terms of the relevant legislation, insofar as these are not limited by reservation to the Council itself or delegated to officers or functions within the operational remit of the Clackmannanshire and Stirling Integration Joint Board. Select elected members and Chief Education Officer and Chief Social Work Officer also sit on this Committee with further representatives from each service. It reports to Stirling Council. |
| Stirling Strategic Planning Group for Children | Stirling Strategic Planning Group for Children (SSPGfC) is responsible for the delivery of the Children's Services Plan. The SSPGfC establishes evidence of need, agrees and sets strategic direction; and monitors progress towards outcomes by establishing evidence of impact alongside delivery plans based on activities. It also promotes and supports the voice of children and young people in children's services and commits resources to support joint outcomes and improvement priorities. This Group is multi-agency and has representatives from Stirling Council, NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership; Police Scotland, and other strategic planning partners. |
| Corporate Parenting Group | The Corporate Parenting Group is a multi-agency group responsible for Stirling's Corporate Parenting Plan. It enables corporate parents the opportunity to discharge their Corporate Parenting Responsibility in relation to Looked After children and young people and care leavers. In addition, one of its core functions is to support the Champions Board in their efforts to promote the voice of Looked After children and young people and care leavers. Care Experienced children and young people have representation on the group alongside all corporate parents in Stirling. The group is chaired by Chief Social Work Officer and reports to the SSPGfC. |
| Stirling Champions Board | Stirling Champions Board provides a platform for care experienced children and young people to talk directly to their corporate parents, elected members and service providers. Unlike the Corporate Parenting Group, the Champions Board is run by young people, for young people. It aims to ensure that decisions which affect the lives of care experienced young people are informed by their own experiences. Ultimately its purpose is to literally champion the views, voices and experiences of care experienced young people in Stirling. |
| Weekly Groups | Regular space for care experienced children and young people of all ages to come together to have fun, whilst also engaging in consultation and co-production of key services. Currently we have: two Minichamps sessions for those aged under 12; another session for those aged 11-15 and a care leavers group for those aged 16+. These groups elect representatives to sit on the Champions Board to act on their behalf. |

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These formal meetings are chaired by the young people themselves who set their own agenda and, with the support of the staff, they identify services they want to speak to or engage with to discuss how these supports can better enable care experienced young people to live full and meaningful lives.

In December 2023, the Board held its first AGM since the Covid-19 Pandemic, with representatives from Children & Families Social Work, Education, Housing, NHS Forth Valley, Skills Development Scotland, Scottish Fire and Rescue, Forth Valley College, Stirling Voluntary Enterprise and Who Cares? Scotland, elected members as well as more than a dozen children and young people who actively engage in Stirling Champs. The young people outlined their priorities for the year ahead which were agreed by the Board.

The re-establishment of these formal meetings has helped to develop greater involvement with care experienced young people in Stirling and, so far in early 2024, has supported service design in Housing Services, as well as across Social Work. Future engagement is planned with health services such as CAMHS and young people have fed back that they feel their views are being considered properly and not just as an addendum to existing processes. Most importantly for the young people, they have reported that this re-design has ensured feedback loops are being closed and they know how their support has gone on influence decision making – something which they felt was missing in previous informal arrangements.



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As well as these more formal meetings, Stirling Champs continues to deliver support via three weekly group sessions in the Home and Belonging Hub which involve around sixty care experienced children and young people from a range of backgrounds living across Stirling. This Hub is central to the work of the Champs Board, and the young people regularly report on how important this space is for them. In addition to weekly groups, there have been parties for Christmas, Halloween, Easter and celebrations for Care Day in February with over 100 people in the Engine Shed in Stirling alongside ongoing support for STAF and the Promise Scotland's 100 days of listening project.

For the young people, the highlight of the calendar this year, has been a busy summer programme during the school holidays with trips to: the Edinburgh Fringe, the Falkirk Wheel, Dounans, Crieff Hydro, the Peak, M&Ds and the V&A in Dundee. The Hub was filled with some kind of activity almost every day, whether it was arts and crafts, movie nights or cooking. All of these experiences showed care experienced children and young people growing up in Stirling that they are loved and supported.

Corporate Parenting

In addition to re-establishing formal Champions Board meetings, which are led and chaired by the young people themselves, we continue to bring together corporate parents from across a range of partner agencies through our Corporate Parenting Group.

This space allows services to share best practice and children and young people from the Champions Board report on the work they have been doing as well. As with the Champions Board, we reviewed and updated the Terms of Reference for this group during 23-24. The original Terms of Reference were drafted when the Group was first established, and updating them has allowed the Group to maintain a clearer focus, whilst devolving some work to the Champions Board and broadening out the range of voices that are heard.

One key piece of work undertaken by the Corporate Parenting Group towards the end of this term was the Bright Spots programme – led by colleagues in CELCIS. This programme sought to hear from the voices of all looked after children and young people in Stirling. The results of this are due to be returned in Summer 2024 and they will support service planning and design from a much broader group of young people than we are currently able to engage with.

Beyond Corporate Parenting Group meetings, we continue to further embed the principles of Corporate Parenting across the Community Planning Partnership with input from a range of services. In December, with the support of Department of Work & Pensions, 160 boxes of individually prepared gifts were distributed to care experienced children and young people across Stirling.

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Events organised by the Champs Board, eligible to all children and young people with care experience, continue to be supported thanks to staff from all services volunteering their personal time. Awareness of corporate parenting responsibilities among elected members continues to improve and many Councillors have genuine loving relationships with young people looked after by the Local Authority modelling the very ethos of Corporate Parenting.

For staff working with Stirling Council, the Corporate Parenting e-learning module continues to be used and uptake of this has remained steady reinforcing that all council employees are Corporate Parents, and demonstrates how staff can fulfil their duty as a Corporate Parent.

The Promise

The Promise continues to be a strength and a priority for Stirling with strategic work led by our Promise Lead Officer across all operational areas and with buy in across partner agencies. Within Stirling, this post is part-time with the individual spending the rest of their working week as a Reviewing Officer. This dual approach ties together the strategic focus of the Promise with the operational reality of being a Reviewing Officer which offers first-hand experience of the progress that has been made, or is yet to be made, towards keeping the Promise.



The shift in the balance of care described at the start of this section highlights some of the progress that has been made over the last few years with fewer and fewer young people having to be accommodated outwith their families and their own community. As of Spring 2024, we are in the early stages of evaluating our Promise Plan 21-24 and initial indications have shown significant progress has been made across the five priority areas with the vast majority of audited actions being marked as fully achieved when RAG rated. This work is due to conclude in May 2024 and will inform the next phase of our Promise Planning.

In addition to this focused piece of work on Plan 21-24, we continue to develop our approach to co-design and collaboration with care experienced young people in Stirling. One piece of feedback that came through quite strongly was that young people felt planning needed to be considered over a much longer term, recognising that temporary funding and annual planning did not give them the sense of stability that we know is fundamental to the Promise.

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In response to this feedback, in advance of our Plan 24-27 which will be published later in the year, we also published a ten-year strategy for keeping the Promise outlining how we will deliver the Promise by 2030 and how this encapsulates our three consecutive Promise Plans over that same time period. It draws upon work being developed in co-production with young people in Stirling and staff from across the Stirling Corporate Parenting Group, and with input from The Promise Scotland and offers a broad picture of the world that we want to create for all children and young people in Stirling.

We have continued to promote opportunities for co-production with those who use our services. Our Promise Lead Officer meets regularly with our Champs groups and seeks views of our young people. These views are represented within a range of forums, including Corporate Parenting Group and briefings with Elected Members, to promote the views and needs of those in need of services. These views are also taken into account when developing future service design.

Recognising the value in these voices and views, we also reflect that these are not fully representative of all those who access our service. We have secured funding through Keeping the Promise Round 2 with CORRA to develop a Participation Post with a particular focus on representing the views of those who have Justice experience. When in post this person will help us further develop our Youth Justice offer in Stirling in response to the needs and views of young people.



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Justice

Priorities

The following is a list of key priorities, which we set out for ourselves for the reporting year:

- Embed the revised accredited sexual offending programme (Moving Forward 2 Change) into practice, including training staff in the new model. (achieved)
- Hold consultation with service user participation groups to support trauma informed service design, including redesigned meeting spaces. (achieved)
- Support the integration of the prison based social work team within the newly opened HMP Stirling. (achieved)
- Re-design of internal documentation to incorporate feedback from a wider range of service user and service beneficiaries (achieved)
- New staff trained to deliver the Caledonian System to maintain a group work approach as the favoured model of intervention (ongoing)
- Working in partnership with other services to support employment and/or training opportunities for people in the justice system (ongoing)
- Working in partnership with recovery-based services and mental health services to help tackle the wider systemic issues impacting those involved in the justice system (ongoing)
- Development of the Bail Supervision scheme to incorporate the development of electronic monitoring into our assessments, and raise the profile of this option to the Court (ongoing)
- Enhance public services and support professionals working in this setting by participation in the Scottish Government's Trauma Responsive Social Work Services Pilot for Stirling (ongoing)
- Raise the profile of Unpaid Work Services through use of social media and press releases showcasing the positive contribution 'community payback' has on local projects and Stirling's public spaces (ongoing)
- Develop a range of age-appropriate services for young people (≤ 25 years) within the Youth Justice Service to reflect developing legislation and guidance on children in conflict with the law, e.g. the Children (Care and Justice) (Scotland) Act 2024 (ongoing)
- In line with the Vision for Justice Scotland's three-year delivery plan (2023–2026), we are working to embrace innovation and digital modernisation within Stirling service delivery, working to embed person centred and trauma informed processes, and develop our services to respond effectively to the shifting balance from custody to community (ongoing)

Section 2

Service Quality

Justice services continue to observe the shifting balance from custody to community approaches, shaped by developing legislation, e.g. Bail and Release from Custody (Scotland) (2023), Children (Care and Justice) (Scotland) Act (2024). In terms of service delivery for 23/24, we have seen consistent demand for Court Reports (229), Community Payback Orders (139), Unpaid Work Orders (99), as well as notable increases (40%) in our diversion from prosecution cases, and further development of the bail supervision scheme. Furthermore, our Unpaid Work services completed over 9700 hours of unpaid work in local projects and communities in 23/24.

Bail Supervision

Bail Supervision (including Electronic Monitoring [EM]) provides support to those subject to bail conditions within the community. The number of assessments we carry out is increasing each year, following its introduction in 2022, as we seek to develop the service locally. To date we have carried out 62 initial assessments during 2023–2024 with 40 individuals identified as eligible for the scheme. We have also managed 12 individuals on bail supervision Orders during 2023–2024, which represents a marginal increase on the previous year. In line with national guidance, we will endeavour to support an increase in the use of this scheme.

Diversion from Prosecution

During 2023/2024, Stirling Justice Services received a total of 84 assessment requests for diversion; a 37% increase compared with the previous year. Of the assessments undertaken, we managed 49 Orders; a 40% increase on the previous year. The data below demonstrates that diversion cases have a high completion rate, indicating that it can be worthwhile to utilise this disposal for someone to engage in a period of intervention as a means of successfully diverting them from the criminal justice system.

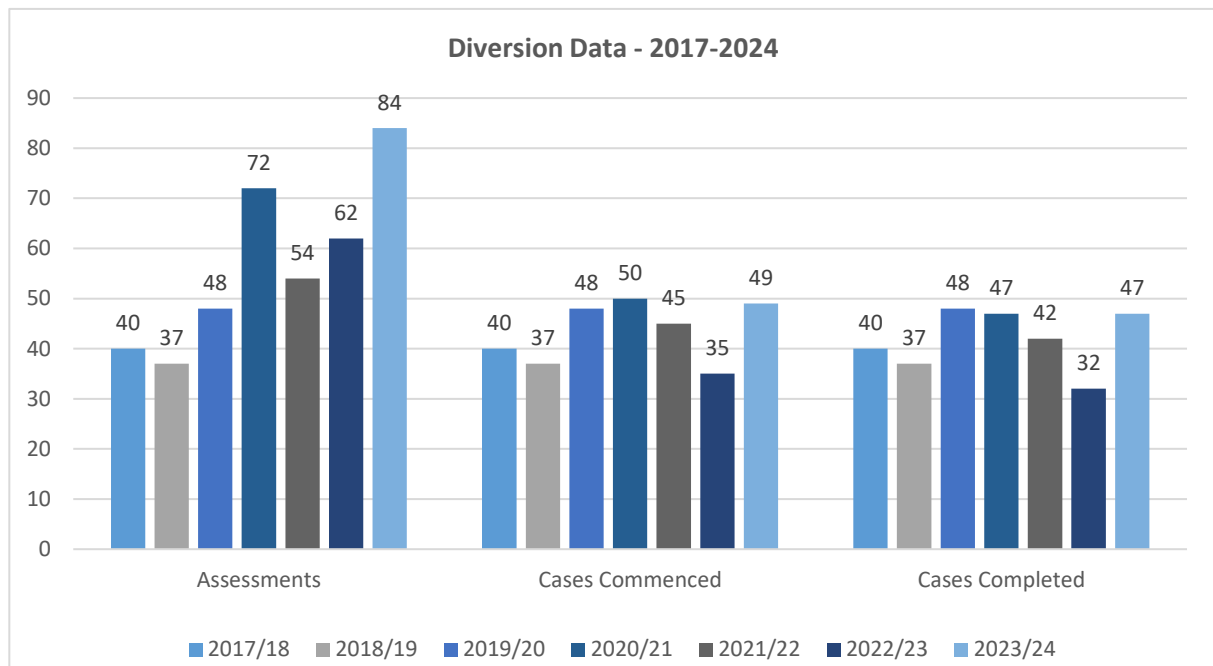
The Joint review of diversion from prosecution undertaken by the Care Inspectorate and HM Inspectorate of Prosecution in Scotland published their findings in 2023. Findings indicate there is multi-agency agreement on increased use of this disposal to reflect the principles of the national strategy for community justice. This position would appear to be observed locally in our trend data.



Section 2

Service Quality

Findings also note interest in developing diversion to include improved consultation with victims, communities and those with lived experience, thus this remains an area for future development.



Group work Programmes

Programme delivery represents a significant part of the intervention work delivered by the service. We have continued to offer a weekly group work model of the nationally accredited Caledonian System and we are working to embed the recently revised Moving Forwards 2 Change Programme for those convicted of sexual offending. A number of staff have been actively involved in training and internal development to deliver these nationally accredited models locally. The rollout of this new programme is still in its early stages and case numbers remain low. However, the service continues to work collaboratively with Clackmannanshire Justice Service to develop our network of programme facilitators for this intervention.

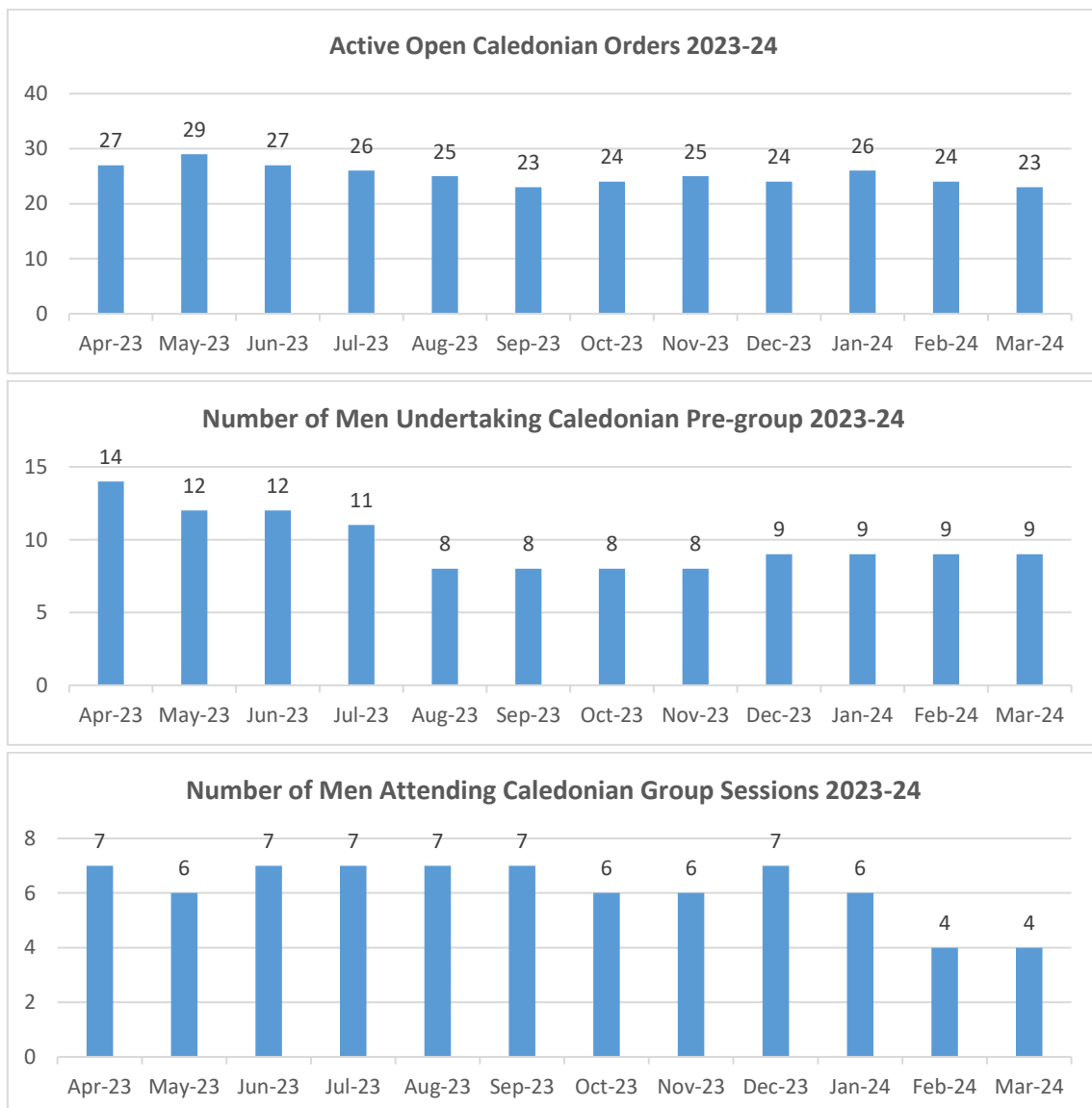
Caledonian Programme

The Caledonian system is a nationally accredited programme involving multi-agency collaboration with Justice Social Work, victims support services and police aimed at tackling domestic abuse related offending.

Section 2

Service Quality

The significant majority of our programme related case work relates to imposition of a Caledonian Programme Requirement. Work is undertaken using a range of 1:1, 2:1 and group work approaches. Each person subject to such an Order progress through three stages of the model: pre-group, intervention (one-to-one, group work) and a maintenance phase. There is a concerted effort to maintain delivery consistently throughout the year to access intervention in a timely manner (see figure below). Also, operating a group work model throughout the year is preferred as this provides group members a better environment to model new skills and participate in peer led discussions.



Section 2

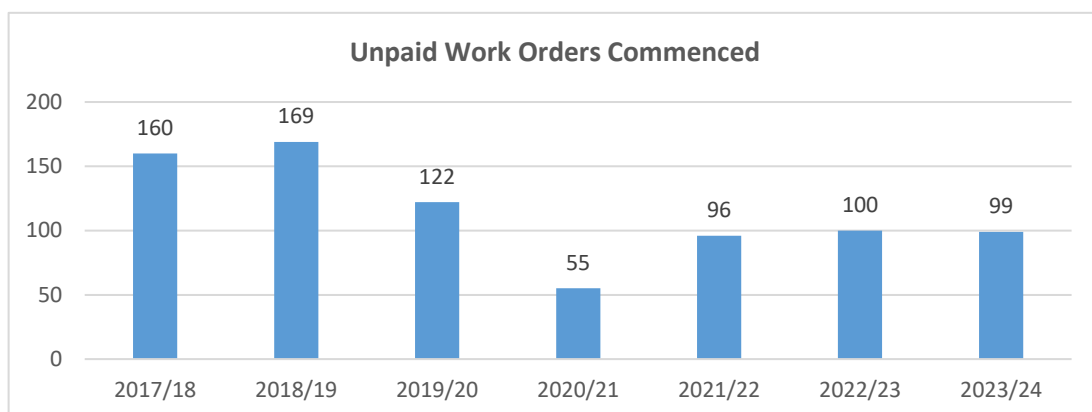
Service Quality

Unpaid Work

In 23/24, we were able to increase service capacity and expand the range of beneficiary tasks completed. We completed a number of local projects aimed at providing a visible and meaningful benefit to the community, whilst offering our clients an opportunity to undertake tasks, which develop their skills and promote a sense of community belonging.

The number of individuals sentenced to an unpaid work disposal is on par with the figures from 2022/2023, (Figure below). A majority (72%) of CPOs imposed during the 2023/2024 period featured an Unpaid Work Requirement, either in combination with a Supervision Requirement or as a standalone Unpaid Work Requirement. This disposal contributed over 9700 hours of unpaid work in local projects and communities.

A return to fully operational levels, post-pandemic, has provided an opportunity to increase service capacity and expand the range of beneficiary tasks during the reporting period. We endeavour to undertake work that has both visible and meaningful benefit to the community, whilst offering our clients an opportunity to undertake tasks, which develop their skills and promote a sense of community belonging.



Projects completed this year include:

- Dunblane Primary School (landscaping, environmental, internal and external painting work)
- Start up (local food bank)
- Buchlyvie Wildlife Garden (environmental and gardening work)
- Pleau Country Park (environmental and educational work)
- Stirling Agricultural Show
- Bellfield Centre Care hospital (preparation and painting benches on of behalf care village for use at dementia wards)
- Elm Street, Raploch Communal Gardening Project (see case study overleaf)

Section 2

Service Quality

The Elm Street Raploch Gardening project

The site had become overgrown, hazardous and unsightly. Our initial task was to clear the site of litter and fly tipping with a view to restoring it for neighbouring residents to access. Our involvement developed and we 'adopted' the space in 23/24 to undertake a landscaping project with emphasis on environment, community wellbeing, and service user training and skills development. The site is now a well-maintained green space with large wildflower mounds, flower borders, upcycled bench seating and restored foot paths.



We also carry out a range of 'other activity' tasks as part of a CPO Unpaid Work Requirement. This offers service users the opportunity to complete a percentage of hours focusing on personal development and rehabilitation. This includes skills development, employability or educational courses. This is delivered via one-to-one work within our service, as well as signposting to social enterprise organisations for specialist advice and courses.

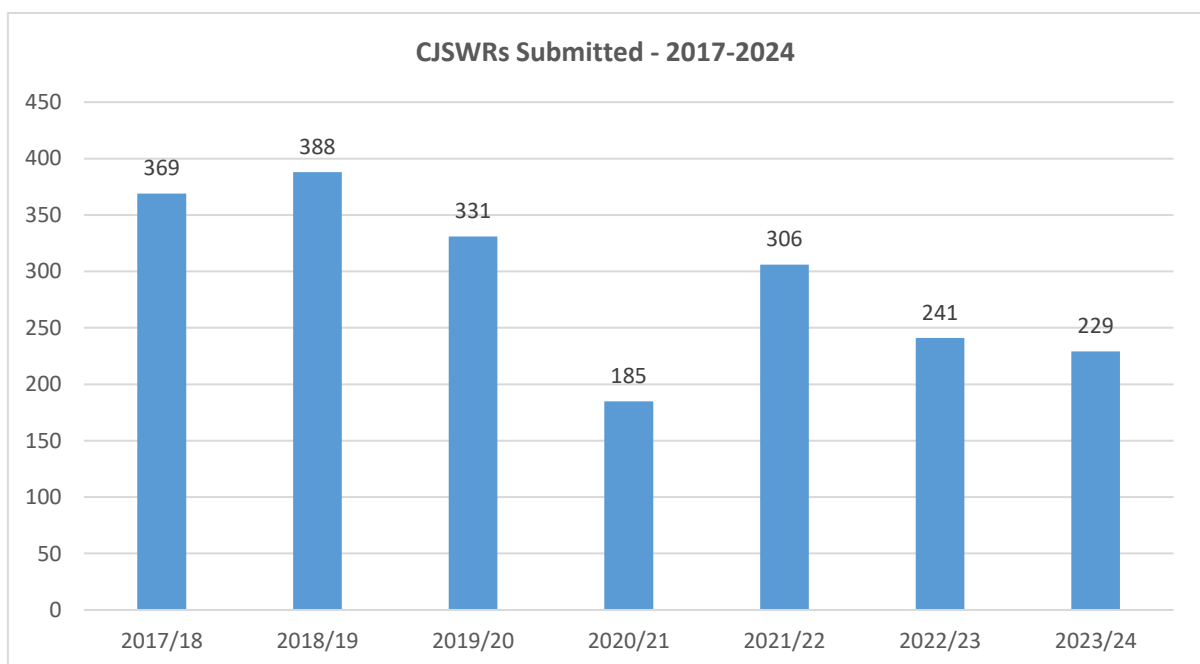
Section 2

Service Quality

Court Services

Our service has an established presence within Stirling Sheriff Court to maintain information sharing with Sheriffs and Court Staff, as well as offering timely contact with individuals attending Court for sentencing. We have a Social Worker based within the Court three days per week and also operate a remote service 2 days per week. Assessments, and in particular Justice Social Work reports (JSWR), form a core part of our statutory role within the Court.

Based on the data in the graph below, we continue to see a gradual reduction in reports submitted to Court, excluding the peak year of the Covid-19 Pandemic. At this time, there is no readily identifiable explanation for this. Nevertheless, our service continues to see a significant volume of reports requested for pre-sentencing appearances. This highlights the important role our services play in assessing 'risk and need' to assist the Court in making a fully informed sentencing decision.



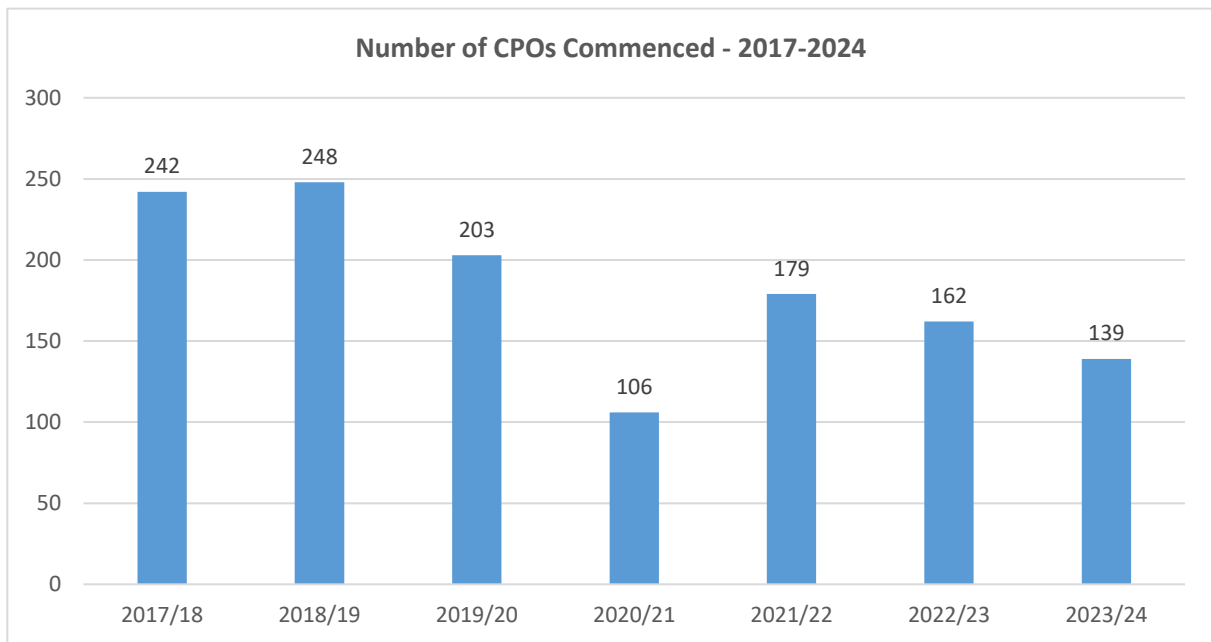
Community Sentences - Community Payback Orders (CPOs)

During the period of 2023–2024 our service managed 139 CPOs; a 16.5% reduction from the previous year. The data from 2024 represents the third consecutive year in which the CPO figures have been reduced. A reduction in the use of CPOs could be viewed in conjunction with a notable increase in the use of Diversion Orders. Nevertheless, a CPO with supervision, either as a standalone or combination Order, represents approximately 70% of total CPOs; demonstrating the prominent role that psycho-social intervention plays in a community response to promoting rehabilitation.

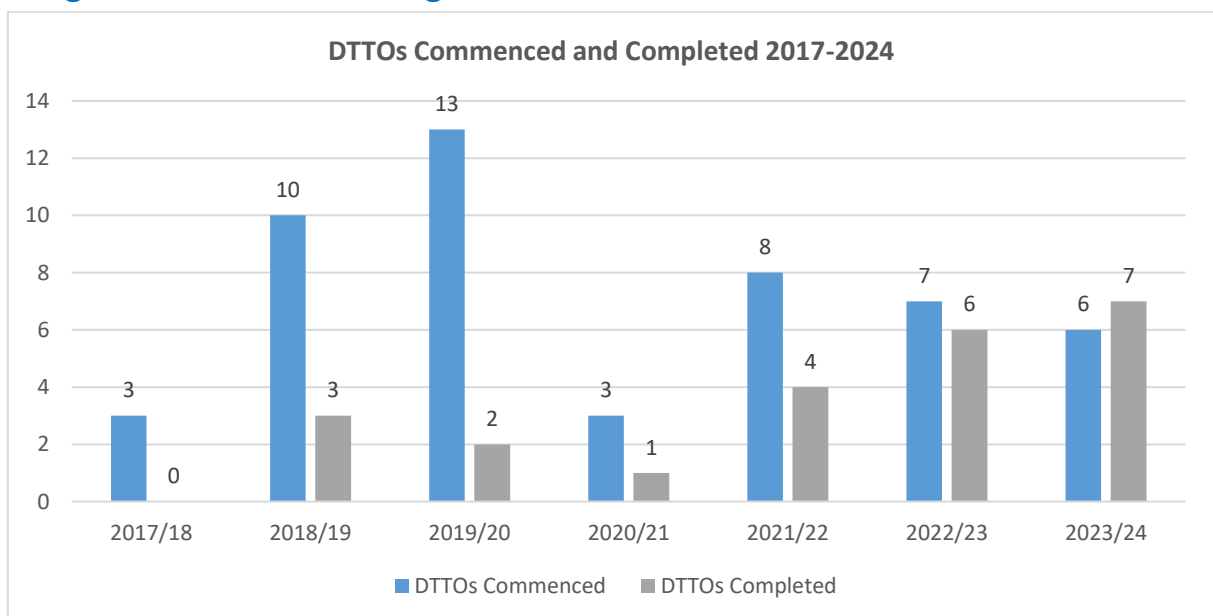
Section 2

Service Quality

Partnership working remains an integral part of CPO case management and we continue to have close links with Barnardos, Recovery Scotland, Stirling Council Housing, Forth Valley NHS, Police Scotland and Stirling Community Enterprise (SCE).



Drug Treatment and Testing Orders



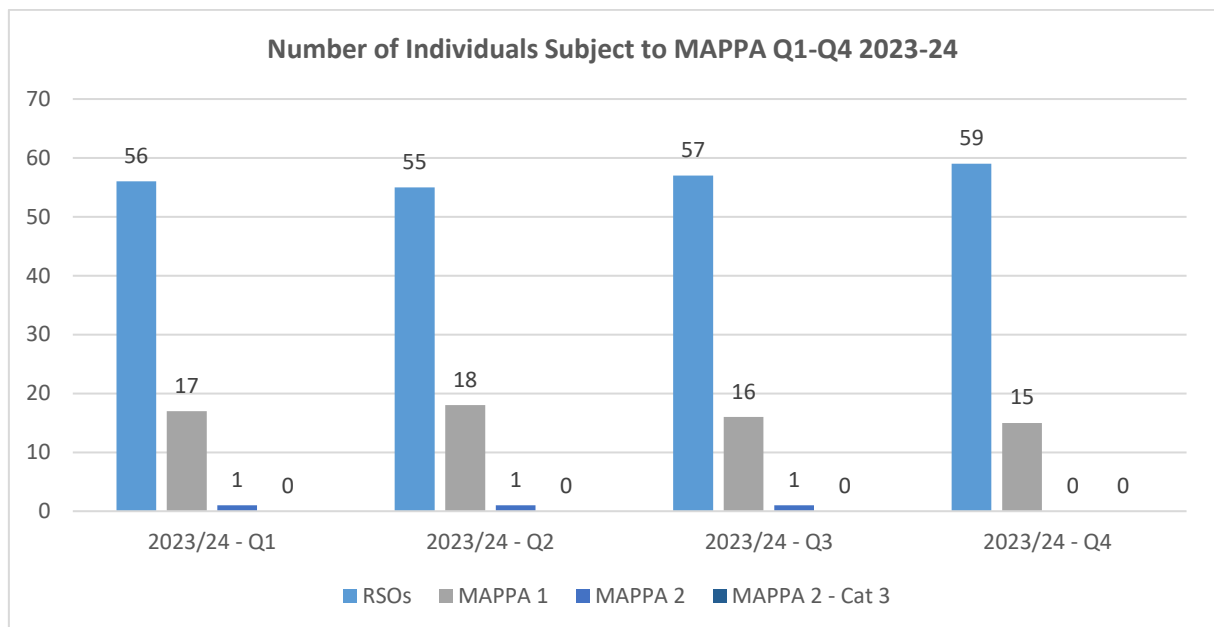
The figure above reflects a degree of consistency in the number of DTTO cases imposed by the Court in recent years. Whilst the numbers of new Orders have reduced over time, it is encouraging to observe improved completion rates.

Section 2

Service Quality

The limited use of this disposal relative to the number of general CPOs may reflect its position as a high intensity and high tariff disposal, often when other disposals have already been utilised, or as a direct alternative to custody. Improved completion rates are potentially linked to our closer working relationships with NHS colleagues to deliver this form of intervention. For example, we have a regular JSW presence within addiction services, and prioritise the need for individuals to access appropriate health resources, such as opiate replacement medication.

Multi-Agency Public Protection Arrangements (MAPPA)



Stirling actively managed an average of 17 Registered Sexual Offending cases at any given time during the 2023/2024 period (see figure above). The higher proportion of cases noted in the graph above reflect the total number of individuals subject to registration, but managed exclusively by police following completion of their community supervision.

Section 2

Service Quality

HMP Stirling

HMP Stirling officially opened in June 2023, and the prison based social work team are now based in the establishment full time. The service recruited an additional social worker in 2023/2204 to focus support on women held in Wintergreen Hall. The women in Wintergreen Hall have complex additional needs relating to their mental and physical health.



The social work role here builds relationships with the women and helps them establish links with health, SPS and community resources to promote successful reintegration into the community. There have been several challenges due to pressures on community services, but feedback from Scottish Prison Service (SPS) colleagues and the women involved has been extremely positive with regards to the support offered.

The prison based social work team are jointly delivering The Decider Skills course to women in HMP Stirling in conjunction with SPS and National Health Service (NHS) colleagues. Decider Skills uses a combination of Cognitive Behavioural Therapy and Dialectical Behavioural Therapy to teach women how to recognise and manage their thoughts, feelings and behaviours to promote mental health and wellbeing. There has been an extremely positive level of engagement and positive feedback from the women participating in this course.

HMP Stirling has made significant strides in recognising the needs of women in the justice system, particularly those with a history of trauma. However, one area for future development for both prisons and the community, is to work closely to address outstanding intervention needs for the male population. As noted in the data above, our service has a significant degree of throughcare cases under management at any given time. The revised 'TARL' assessment report, first introduced in 2023, was fully embedded during the reporting period; which has provided a greater degree of joint collaboration between community and prison based Social Work services in the areas of risk management, release conditions and recommendations for release.

Section 2

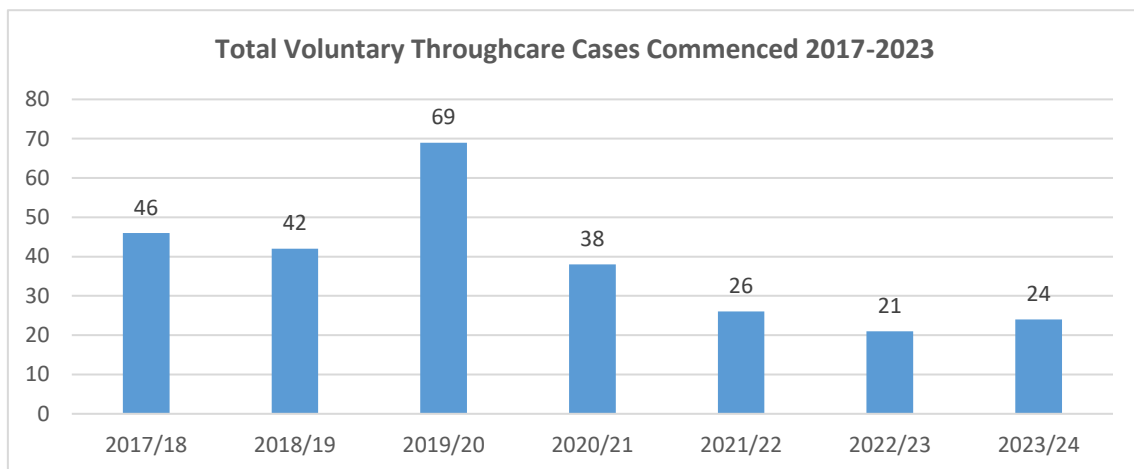
Service Quality

Custodial Population

The national discussion on prison populations and the need for credible community alternatives are well documented. Our service is anticipating increased demand for community services to contribute to a community-based desistance approach. This is likely to include our core statutory tasks such as prison throughcare assessments and community supervision, as well as responding proactively to any future emergency release measures.

Voluntary Throughcare

The data below highlights a reduction in the number of individuals accessing voluntary throughcare in successive years. This is potentially due to improved community services links within the prison establishment prior to release. It may also be a result of the availability of third sector partners offering a similar degree of support. A national review of Throughcare guidance is currently underway and we will welcome the outcomes of this to help determine how we deliver this service in the future.



Section 2

Service Quality

Adult Health & Social Care

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) supports the delivery of all Adult Social Care provision in Stirling across a range of different services and teams. Below provides a key summary of the work they do to support those in need.

The HSCP Transforming Care Board, chaired by the Interim Chief Officer, is delivering on a highly ambitious programme of transformational and developmental work which supports staff and services to better meet the demands of our changing population. The programme of work reflects legacy commitments linked to local care home capacity as well as recent activity to further integrate community health and social care services. The focus being on modernisation, redesigning the model of care and support locally, and meeting legislative requirements such as carers and self-directed support. Throughout 2023/24 this programme of transformation has continued to be progressed.

Key achievements include:

- Continue to utilise the HSCP Commissioning Consortium.
- Developing an IJB SDS policy for all services alongside an implementation plan.

Care Home Assessment and Review Team (CHART)

The Care Home Assessment and Review Team (CHART) was first established to support care homes to support people who become unwell in the care home to avoid admissions to hospital and support care home residents, their families and staff throughout the Covid-19 Pandemic. The team has subsequently evolved to provide support for care homes whilst in Large Scale Investigations and to provide advice to care home staff to help maintain high quality and standards of care for care home residents.

RAPID and Rural Care at Home Assessment teams

Over the past year, the new Rapid Team has been created, transforming how we support people to avoid being admitted into hospital and making the move from hospital to home settings quicker and more efficient. The Rapid Team brings together the existing Reablement Team and Crisis Care Team into one multi-disciplinary team and also includes the Hospital to Home team who support earlier discharges from hospital while people wait for their package of care support to be implemented. Referrals come into the Rapid Team who can quickly identify the best pathway for that individual, for example, if someone needs care support at home, physiotherapy or adaptations to their home. Assessments are carried out with the person in their own home or homely setting, where they are more relaxed and familiar, so the assessment is more accurate.

Section 2

Service Quality

The Rural care at home team works with providers to ensure care at home is provided in a sustainable, effective and efficient way to achieve personal outcomes for people. All work is shared across the different teams. Pathways are being developed to build in discharge to assess methodology into the pathway redesign. This will ensure appropriate level of care is prescribed more quickly leading to potential reduction in length of stay in acute settings and reduction in amount of care requested, and ability to support a greater number of packages of care.

All posts have been recruited to, ranging from care support workers, occupational therapists and physiotherapists. The staff all work closely together and flexibly to support and facilitate both discharges from hospital and preventing admissions to hospital. Recruitment of community-based roles has been successful in Clackmannanshire and Stirling urban areas but more challenging in rural Stirling. In Killin, specific arrangements have been put in place to ensure there is close working with the GP practice to prevent admissions to hospital and also to support discharge.

Achieving care closer to home

Achieving care closer to home shifts delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible.

The HSCP has implemented meetings with external providers to develop geographical patch-based working, which provides some efficiency gains and release capacity back into the system.

Our services support people to live full and independent lives in their home or a homely setting, by enabling people to live how they want to live confidently. Where someone needs more support, we help recovery and reablement, and reduce or avoid hospital stays where appropriate. This includes finding alternatives to admission to hospital and discharging people from hospital efficiently when they are ready to leave. District nurses provide support to people and their families in the patient's own home. This supports a reduction in hospital admissions. They also bridge packages of care to support the person until a care provider can pick up the package.

The HSCP for 23/24 have provided, on average, 1,972 packages of care a week and 32,805 hours per week. This has increased since 22/23 for the HSCP by 2416 hours of care and 85 packages of care.

Section 2

Service Quality

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however with the challenges in terms of demand and staff shortages (experienced nationally), this is a challenge we face.

- Clients receiving help with personal care 1,879
- Clients receiving help with non-personal care 458
- Clients with a community alarm 3,034
- Clients receiving equipment 4,430

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them.

| HSCP totals | 2022/23 | 2023/24 |
|---|---------|---------|
| Number of people receiving reablement support on 31st March | 222 | 198 |
| Reablement Admissions in year | 421 | 467 |
| Number of people who left reablement in year | 363 | 591 |
| % of people who required no care after reablement | 31% | 26% |
| % of people who required reduced care after reablement | 33% | 31% |
| % or people who required reduced or no care after reablement | 64% | 57% |

Dementia

We aim to support people living with dementia to live well within their own communities following diagnosis as well as reducing the amount of time people with dementia spend in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with Dementia, their family and carers support. Town Break is a local charity that supports people living with Dementia and their carers. They have trained, supportive and committed staff and volunteers, and work with other organisations to help support people with dementia. There are currently a number of community services running and they support people living with Dementia and their carers. For example, Alzheimer's Scotland, Townbreak and Dementia Friendly groups.

Section 2

Service Quality

Alcohol and Drugs

Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) have continued to work with the Stirling Social Work departments so as to improve outcomes and reduce the risk of substance use harms. ADP has invested in a Substance Use Social Worker and Social Work Assistant as a test of change for 2 years to support people on the threshold of Social Work intervention. The team became active in December 2023 and has been contributing to operational delivery and strategic planning as we develop a multidisciplinary, recovery-oriented approach as required under the MAT Standards and other strategic guidelines. Additionally, the redesign of our system of care through ongoing commissioning activity includes work to support the sustainable delivery of Drug Treatment and Testing Orders together with other diversion activity, in partnership with Social Work and Community Justice Partnership colleagues.

Mental Health Officer Service

Mental Health Officers (MHO) undertake all of the Private and Local Authority applications for the Stirling area and attend the vast majority of Adults with Incapacity case conferences. We continue to operate a waiting list for allocation of an MHO to complete suitability reports for private and CSWO guardianship applications. Requests relating to an individual in hospital, on the delayed discharge list, where Adult Support & Protection is an issue or those where a renewal is due are prioritised. Recent statistics from the Mental Welfare Commission report indicate that the number of Guardianships in Scotland has doubled in the last 10 years while the number of MHOs in the team has increased by only 0.6 FTE.

A new development between Stirling Housing and the HSCP in the Stirling area is currently under construction. The aim of this is to provide a small unit of core and cluster housing for people with severe and enduring mental health problems who require a higher level of support. This will facilitate either hospital discharge or step down from care home/supported accommodation and will ensure support for community integration for the people moving there.



Section 2

Service Quality

Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 deals with the support and protection of adults at risk of harm as defined by the three-point criteria. In terms of local governance structures the Adult Support and Protection Committee (ASPC) monitors and reviews what is happening locally to safeguard adults and ensure that Stirling is fulfilling its statutory obligations. The ASPC is made up of senior staff from many of the agencies involved in working with adults at risk of harm and there is a shared multi-agency risk register to ensure adequate overview of ASP activity and that local practice and risks are managed effectively.

There are a number of Adult Support & Protection (ASP) sub-groups aligned to the ASPC namely the Performance and Quality Information Group (PQI) which analyses ASP data across the local area; Participation and Engagement Subgroup which focuses on working with local agencies/ organisations and the newly formed Multi-agency Case Review Sub-Group which considers all learning review notifications, makes recommendations whether to proceed to a learning review and provides scrutiny to any commissioned reviews or actions plans. This implementation of this sub-group has been hugely successful with key personnel attending from the Council, Police Scotland, NHS, Scottish Fire and Rescue and it is chaired by the ASPC independent chair. The group is able to focus on learning review notifications alongside escalating risk and promote effective multi-agency learning, collaborative practice, communication and cooperation between agencies.

This increased support has been of vital importance in the context of our practitioners continued demand to respond to the sustained increase in referrals experienced following the Covid-19 Pandemic in 2021/22 and 2022/23. In terms of annual ASP referrals there were 1802 in 2023-24 compared to 1435 in 2022-23 which represents a 25.57% increase in comparative years. This was preceded by a 33% increase in referrals the previous year 1071 in 2021-22.



Section 2

Service Quality

The referral increase has resulted in additional workload for operational practitioners without a corresponding uplift in staffing ratios which has been a significant challenge and placed further pressure on Council Officers. However, we have prioritised supporting the workforce with good quality training, learning, and shared development opportunities. We plan this support by responding to their feedback, our data analysis, and the outcomes of quality assurance activity. This also resulted in a number of bespoke training events being commissioned including:

- Protection Order Training – subject matter expert delivered to Council Officers, Police Scotland and Council Solicitors.
- 51 Shades of Capacity – subject matter expert delivered to HSCP staff including hospital staff and medics.
- ASP Case Conference Chair Training – commissioned in response to there being no locality/service managers in post to chair meetings. 100% attendance achieved by all team managers.
- AWI Training - lack of knowledge about legal authority to intervene, hospital discharges and fulfilling legislative duties (CSWO guardianships). An identified need following a large scale investigation into an NHS ward.
- Hoarding Training – Identified local and national need in response to a high number of significant case and learning reviews (CI report) – 72 attendees at Alloa Town Hall.

One of the main challenges facing Stirling Council is the Social Work database which is outdated and in need of an upgrade. Options are currently being explored with respect to both short term and long term planning including the procurement of a new system.

Adult Support and Protection Champions training for Care Homes was launched in November 2023. This was created to build on the work of the Care Home and Review Team (CHART) and the Early Indicator of Concerns framework to support Care Homes to identify ASP concerns timeously and support with training their workforce. An input was also delivered in relation to Large Scale Investigations (LSIs)

In partnership with the Care Inspectorate, we have trained a number of care home practitioners to become Adult Support and Protection Champions in their service. Practitioners were invited to a full day face to face training with quarterly forums subsequently arranged to allow for the sharing of experiences, discussion of practice and to receive new tools and information and advice from the CHART Team Leader, ASP Lead Officer and the Public Protection Training Adviser.

Section 2

Service Quality

Moving forward we are keen to further develop the ASP Champions training for Care at Home providers and to roll this out across the Council area. In terms of capacity there are a number of competing priorities however this will be developed and implemented to support the agencies with ASP identification and reporting. The main focus for the remainder of 2024, will be to undertake self-evaluation activity in anticipation of a follow up inspection visit from the Care Inspectorate to review improvement activity following their initial inspection in 2022.

Forth Valley Emergency Social Work Service

The out of hours emergency social work service known as the Emergency Duty Team (EDT) provides all aspects of emergency social work statutory intervention including Child Protection, Adult Protection and Mental Health Officer duties for Falkirk, Clackmannanshire and Stirling Councils. This continued to be the case during 2023/24.

The staffing level of 4.5 Senior Social Workers and one Manager was maintained. As is always the case, 2 Senior Social Workers were working per shift period. A pool of social work colleagues from across the 3 Councils continued to assist the service when necessary.

The Service is located at Viewforth, Stirling Council and various models of remote and office-based working are in place. This is especially important in terms of ensuring and maintaining training and development for the induction of new backup colleagues. This continues to be an ongoing initiative for the service.

Stirling referrals indicated an increase from 2022/23 in the number of overall referrals across Children & Families, Justice and Adult Social Work while the proportion of referrals from each area stayed roughly the same.

| Stirling Referrals | 2022/2023 | | 2023/2024 | |
|--------------------|-----------|-------|-----------|-----|
| Childrens | 1200 | 56% | 1553 | 56% |
| Adults | 936 | 44% | 1179 | 43% |
| CJS | 15 | <0.1% | 18 | 1% |
| Total | 2151 | | 2750 | |

Section 3

Challenges & Improvements

Children & Families

There have been number of challenges over the last year, despite the significant progress that has been made across a range of areas as already highlighted.

In Stirling, we face many of the same issues being faced nationally. Particularly around staffing, finance and the increased demand for services. In addition, it is becoming more challenging to balance the national agenda and wider service re-design in line with the Promise alongside increasing operational demands day-to-day. We have seen the national agenda grow in the last period, as new initiatives around Child Protection, Bairns Hoose, ACRA, Scottish Child Interview Model all need to be supported in addition to local service redesign.

The number of consultations in particular have taken significant time away from operational managers completing them. In 23/24 we engaged in consultations around the Children's Care and Justice Bill; Service access for those with no recourse to public funds; Care Leaver payments; changes to the SSSC Register and more. We value the opportunity to contribute to service development across the sector but the scale of local demand makes this challenging at times. Relatedly, the scale of demand associated with Freedom of Information (FOI) requests also appears to be increasing and likewise this contributes to significant time demands on operational managers.

The major challenges faced by the Service relate to finance and resources and are therefore covered in section 4, and also staffing, covered in section 5. Nevertheless, continuous improvement via regular auditing and evaluation is a major focus for our services.



Section 3

Challenges & Improvements

Pre-birth Audit

In November 2023, we hosted a multi-agency audit reviewing 30 anonymised case records where there had been a notification of concern within the antenatal period within the last two years. This audit was supported by the Care Inspectorate, who provided training to all auditors in using the Care Inspectorate file reading tool. Some areas for development and training were also identified, in order to achieve consistency in a cross-agency identification and understanding of risk thresholds. There was an identified action in relation to training around the use of chronologies in order to ensure these are both an accurate reflection of significant events in a child's life and a tool to analyse any impact of trends for children.

Overall, the audit reflected areas of good practice and no areas of significant concerns were highlighted. The direct feedback from the auditors indicated that our children are being kept safe and there was clear evidence of good communication and information sharing between agencies.

We regularly liaise with our Health colleagues and will ensure we promote the Forth Valley Pre-Birth Planning Pathway to maximise the support to families. The audit evaluation and proposed action plan have been shared within our Stirling Child Protection Committee and will be regularly reviewed in that forum.

Continuing Care

As already highlighted, within the last year we have realigned how we deliver our Continuing and After Care service. This has seen a dedicated service focused on the needs of our young people who have left care, and has been largely positive.

We continue to work closely with our colleagues both in Social Work, but also outside with partners, to ensure there is clear understanding of the eligibility criteria for Continuing and After Care and what this entitlement looks like.

Some consideration is required to the wider interpretation of care experience versus care leaver, and the differing responsibility this then places upon the local authority. Wider care experience application and entitlement in other settings - i.e. Health and Education - can lead to some confusion and at times frustration for partners and young people if they feel they are receiving 'mixed messaging'.

We are continuing to promote earlier planning for readiness to move on within a child's timescale so that there is a transparent understanding of the impact of decision making upon a child's eligibility.

Section 3

Challenges & Improvements

Whilst we celebrate the increased numbers remaining in Continuing Care placements in Stirling, we also recognise this has a consequential impact on the resource base. We continue to promote the 'Staying Put' agenda and work hard to build our resource base to accommodate the flexibility required if children and young people exercise their full continuing care entitlement.

Family Hub

Over the course of the last year, we have continued to look for opportunities to implement transformational approaches to how we deliver our services to children and families. We have developed a proposal that would support the creation of a trauma informed multi-use Family Hub that would deliver a range of services, including statutory family time, along with group work and individual pieces of work with children and their families.

The implementation of this project is part of the Stirling Corporate Parenting & The Promise Plan 2021-24. It also contributes to the "Keeping The Promise – Stirling's 10 Year Strategy" and aligns with a number of local and national strategic developments.

In developing a Project Brief, it was identified that there are no current options within Council buildings which would meet this need. More recently we have had discussions with Housing around an opportunity for a residential property to be repurposed to offer a family time space. We have redeveloped our Project Brief and had this through initial approval processes. We are in the process of developing the Business Justification Case to take this forward. This will involve some reconsideration of the aims and aspirations of the Family Hub due to the space available.

We remain committed to developing a hub to offer a warm and welcoming environment to meet with children and families and promote family relationships whilst also recognising that there may need to be further adjustment to aspirations and timelines for this project.



Section 3

Challenges & Improvements

Families for Children

As already highlighted, Stirling is not immune to the impact of the national challenge in recruiting Foster Carers. This is being acutely felt as a result of the positive work that has been undertaken around permanence, with Foster families staying together for longer, there are fewer people looking to foster children in need of placements. In order to improve planning and better recruit potential future Foster Carers, we continue to conduct exit interviews for Foster Carers and are looking to develop a system where we record reasons for leaving Fostering to assist in the development of recruitment and retention strategy.

Kinship Care

Elsewhere in the Families for Children service we continue to review how we deliver services to Carers. There is currently a coordinator and Social Worker designated to assess and support Kinship Carers. As highlighted earlier, there are increasing number of children living with kinship carers with regular assessments being carried out and this area has been prioritised as a result. However, there have been challenges in attracting kinship families to join kinship care support groups. As such the workers are supporting families individually. The kinship support families often manage without formal supports and come to the service at points when they need more help. Given the kinship carers are increasing in number there are associated ongoing financial costs which is likely to place strain on resources in the future, however it has become clear over the last year that there is reduced demand for other types of support often taken up by Foster Carers.

UASC

Unaccompanied asylum-seeking children under the age of 16 are typically supported within Foster Care. This has impacted capacity to meet the overall need across all our families and residential resources. In the future, the impact of the National Transfer Scheme is likely to become more significant without access to additional resource. To date, 6 young people have benefitted from the care and support provided by Host Families. However, for a variety of reasons, a number of Host Families have decided not to continue hosting and recruitment is a significant challenge

Section 3

Challenges & Improvements

Social work staff and Housing support staff have been working closely together with a range of teams including Stirling Council's resettlement team, learning and employability team, care experienced Virtual Head Team and Stirling Champs to try to ensure our young people are able to access appropriate education and other activities within the community. Several young people attend Stirling School of English and recently enjoyed the 4-week summer school. Young people are also all accessing support from Scottish Guardianship in respect of their asylum applications. Social Work and health colleagues have been working together to try to ensure that pathways for young people are clear to enable them to access necessary health assessments and support if needed. Opportunities for further collaborative working continue to be explored.

In addition to the National Transfer Scheme, like most local authority areas, we also have spontaneous arrivals and this contributes further to challenges in the resource base. Not only this, the increase in the number of spontaneous arrivals has also highlighted the need to develop procedures in relation to undertaking Age Assessments as well as accessing necessary training for staff. Further training will be provided for social work staff by the National Age Assessment Board later this year.

Challenges around how best to support this cohort of unaccompanied asylum-seeking children due to the lack of information around individual children's needs and the nature of this rapidly developing area has meant staff are having to develop knowledge whilst working. The service has overcome this by purchasing specific training as well as supporting staff to attend COSLA quarterly meetings to discuss best practice and growing challenges.



Section 3

Challenges & Improvements

SWIFT

During 2023/24 work continued to scope out the potential for replacing the current Social Work Recording System across all Social Work Services delivered by Stirling Council (Children & Families, Justice Social Work, and Adult Services). The New Replacement Social Work Recording System Programme Board was established in May 2023 co-chaired by the CSWO (Head of Children and Families/Justice Social Work) at Stirling Council and the Head of Strategic Planning & Health Improvement at the Clackmannanshire & Stirling HSCP.

During this reporting period a specification was produced and a procurement process was commenced via the appropriate Scotland Excel procurement framework. However, in early 2024 a decision was taken to put the process on hold while organisational and system readiness was reviewed. Following the review, a Data Quality Sub-group was established that reports to the Programme Board and a further decision was taken to cancel the procurement process and spend time working on organisational and system readiness, including data cleansing during the first half of 2024.

It is expected that the 2024/25 CSWO report will be able to update further on the progress made to replace the Social Work Recording System from April 2024 onwards once all of the necessary preparations identified during the review have been completed.



Section 3

Challenges & Improvements

Justice

The following are several of the key challenges, to which we have responded during the reporting period alongside areas highlighted elsewhere such as finance, resources and recruitment:

Substance misuse

Stirling Justice Services continue to work collaboratively with community partners to embed national developments aimed at tackling Scotland's increasing number of drug-related deaths. The national statistics outlining the devastating impact of drugs on both individuals and their families is something that is also observed at a local level. A significant area of focus within public services is aimed towards combating the systemic issues, which contribute to drug related deaths. Our service continues to play a role in tackling this, including working in partnership with substance misuse and recovery-based services, such as use of Drug Treatment and Testing Orders (DTTO) as an effective community alternative to custody

Case Management and Reports

Access to the revised online version of Level of Service Case Management Inventory (LSCMI) as completed on a phased basis between March and August 2023. As the service has been working to transfer paper assessments onto the online system, in line with guidance provided by the Scottish Government, this has resulted in significant disruption during the reporting period. However, these challenges are temporary and we continue to work according to statutory deadlines.

Elsewhere, the revised National Justice Social Work Report Templates rolled out by the Scottish Government has provided Courts with a streamlined document with greater scope for professional narrative and clearer professional recommendations.

Lived Experience

We continue to develop the support provided for Justice Social Work Services by those with lived experience, which has been provided primarily by staff from Recovery Scotland. This has enabled us to integrate their expertise into the staff group. This group has also facilitated a 'Service Walkthrough' aimed at gaining a service user's perspective when interacting with the Justice Service. This remains an area of ongoing work, however, to date we have made some changes to our meeting spaces to promote an improved therapeutic environment.

Section 3

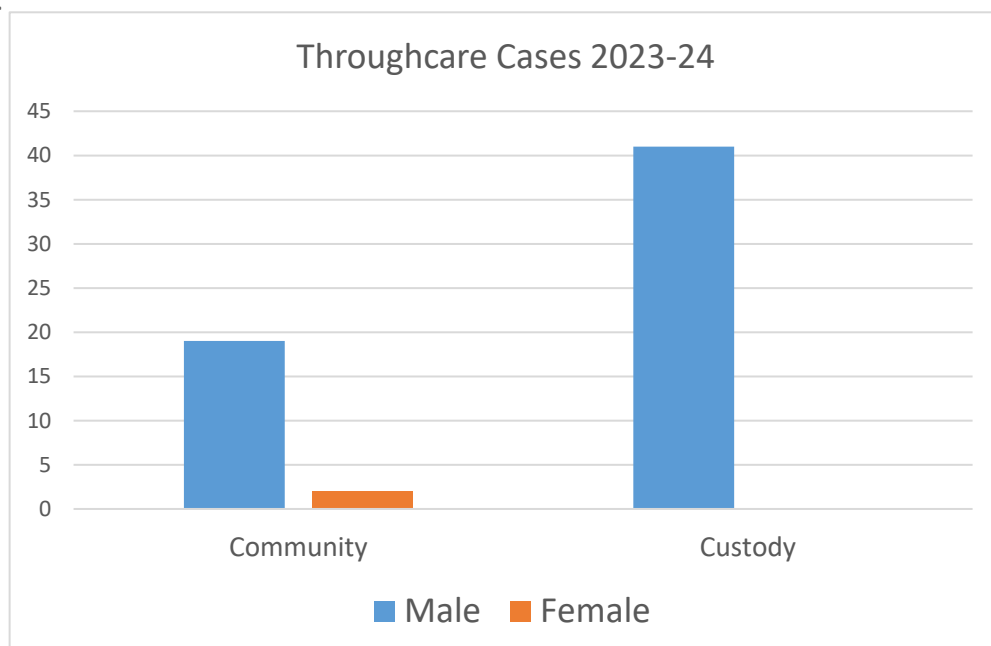
Challenges & Improvements

Unpaid Work Services

Unpaid Work services may, at least traditionally, be viewed by some as 'the punitive part' of a Community Payback Order (CPO), distinct from other CPO Requirements, e.g. Supervision. However, as highlighted in the previous section of the report, there have been greater efforts to view unpaid work as a service that can both support meaningful change and the desistance process through skills development, and enhance community belonging. Our Unpaid Work supervisors were one of the first cohorts to complete the specialist Justice Unpaid Work learning pilot from Community Justice Scotland. The course provided a two-week training course covering core Social Work themes, which are not often delivered to an Unpaid Work staff audience. The training was well received and facilitated further internal discussion on service design. This included, efforts to inform work squads on the contribution that they are making to their community. In addition, we were also able to raise the profile of the unpaid work service by showcasing a number of projects on the Council's social media pages for the first time. It was encouraging to receive a positive degree of social engagement and praise for the team's work.

Prison Throughcare Provision

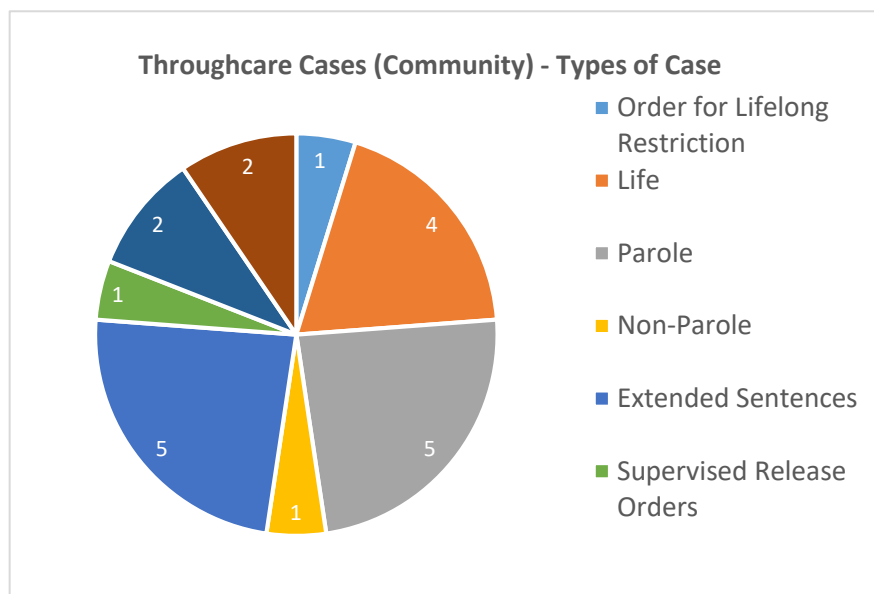
Stirling Justice Social Work Services provide Prison Throughcare services to prisoners during and after their sentences. The figure below demonstrates average throughcare cases for the year. You will see from the data presented that vast majority of throughcare work we undertake involves men. It also demonstrates we have a relatively small number of cases; however, this work is typically high intensity, particularly during the initial months on release.



Section 3

Challenges & Improvements

Throughcare custody data for the year (figures above) continues to demonstrate the gender disparity that exists within this population. Some of the recent challenges noted for males in the prison population is the existence of significant waiting lists for prisoners accessing appropriate intervention programmes that allow them to progress to community conditions at critical points in their sentence.



We continue to manage more throughcare cases in custody year on year since 2018/19 reflecting a consistent demand for throughcare services. The chart below outlines the range of throughcare types under community management. Each type of throughcare has its own degree of restrictions and conditions designed to protect the public from harm. Community resettlement, including access to housing, income and primary health care resources often pose some of the primary challenges for those released from custody. Robust risk management strategies are an integral part of managing potential for repeat offending.

Section 3

Challenges & Improvements

Adult Health & Social Care

Self-Directed Support (SDS) Re-design

The HSCP are in the process of developing a revised approach to SDS. We are developing a new assessment tool, equivalency model and support planning documentation which will align with the spirit of the legislation. Whilst data shows the majority of supported people and carers have their care and support delivered through Option 3 this provides limited information. Work is ongoing with staff to promote practice which shows that there is no default option under SDS - All four options are equally valid so long as each supported person is informed of their options and are able to select what is right for them. The focus will therefore be on capturing data such as: whether individuals have been informed of SDS; have they been able to access their chosen option; and (at point of review) whether their outcomes have been achieved.

| As of 31 March | 19/20 | 20/21 | 21/22 | 22/23 | 23/24 |
|------------------------|-------------|-------------|-------------|-------------|-------------|
| Option 1 | 56 | 59 | 67 | 89 | 97 |
| Option 2 | 56 | 60 | 69 | 92 | 93 |
| Option 3 | 4273 | 4389 | 4152 | 3888 | 4579 |
| Option 4 | 133 | 95 | 109 | 130 | 169 |
| All SDS options | 4518 | 4603 | 4397 | 4199 | 4935 |

Support for Carers

The valuable work undertaken by carers is recognised, as is the importance of supporting carers in order to prevent crisis through breakdown. However, there have been challenges with delivering short breaks and respite as a result of ongoing capacity issues since the Covid-19 Pandemic. A Carers' Investment Plan has been developed and agreed by the Carers Planning Group and a new Carers Lead and a Short Breaks Co-coordinator have been recruited who have started to review the current Carers Strategy and the Carers Support Framework. Stirling Carers Centre are funded by the HSCP to support carers in their caring roles and also carry out Adult Carer Assessments. In 2023/24, 530 new adult carers were registered with carers' centres across Clackmannanshire and Stirling. In total there are 2686 carers registered at the carers' centres.

Section 3

Challenges & Improvements

Technology Enabled Care (TEC)

Work is progressing to plan and organise the changeover of all Analogue Telecare Equipment to new digital units and peripherals. This includes the ability to link telecare unit to the new inter-linked smoke and heat alarms already in place in all council houses and some housing associations across both partnerships therefore removing the need to fit additional smoke and heat alarms. This will allow the service to offer smoke and heat alarms to all service users. Service users no longer require having multiple duplicate detectors in their properties avoiding confusion and unnecessary devices.

There have been challenges with the transition to digital technology, including issues with the networks and connectivity however work is ongoing with the suppliers and the Scottish Government Digital Office to seek solutions. Work is also on going on the provision of improved mobile devices for staff in both MECS and Reablement teams.

Mental Health Officer (MHO) Team

The MHO team in Stirling is comprised of a Team Manager, 1 Social Worker, 1 Social Care Officer and 6 MHOs. As a team they continue to experience challenges due to the increasing amount of statutory mental health work, managing a high number of complex Adult Support & Protection cases and low numbers of MHOs and Social Workers within the team. There are no practising MHOs within any of the other Social Work teams within Stirling Council at present. However, the team continue to ensure that statutory priorities are met.

The MHOs also undertake statutory work under the Mental Health (Care and Treatment) (Scotland) Act 2003 and Criminal Procedure (Scotland) Act 1995. For both Short Term Detention Certificates and Compulsory Treatment Orders granted, Stirling continues to sit above the Scottish Local Authority Average per 100,000 of the population. The Mental Welfare Commissions Monitoring report from October 2023 recorded a Scottish Local Authority Average for Short Term Detention Certificates of 84.8 per 100,000 with Stirling Council reporting 135.9 per 100,000. For Compulsory Treatment Orders the Local Authority Average was 29.6 per 100,000 with Stirling Council reporting 48.1 per 100,000.

The main challenge currently facing the MHO workforce is capacity. Increasing the MHO workforce remains a priority for the team. Unfortunately, no applicant was supported to apply for the MHO Award course in academic year 23/24 and no one has been put forward for this course for 24/25. It is hoped that students will be supported in the academic year 25/26. This would bolster our resilience in terms of staffing and allow our workforce to be upskilled in all matters under the Adults with Incapacity and Mental Health Acts.

Section 3

Challenges & Improvements

Capacity across the workforce is impeding the service's ability to meet statutory supervisory responsibilities under the Adults with Incapacity Act. During the period of April 2023 until March 2024, a new procedure for all staff undertaking AWI Act work has been developed and implemented across Adult Care Social Work Services. This is to ensure a consistent and Human Rights based approach across Adult Care. This is across Clackmannanshire and Stirling Health and Social Care Partnership. The implementation of the HSCP AWI Act procedure remains under review and ongoing development.

Locality Planning Groups

Three locality planning groups have been established and developed for each of the Clackmannanshire and Stirling Health and Social Care Partnership's three localities: Clackmannanshire, Stirling (Urban) and Stirling (Rural). The purpose of the groups is to:

- Ensure the benefit of better integration improves health and wellbeing outcomes.
- To provide a 'grass roots' mechanism for professionals, communities and individuals to inform service redesign and improvement for their locality.
- To improve local networks and develop robust, productive professional relationships.
- To provide the Integrated Joint Board (IJB) through the Strategic Planning Group with the assurance that Locality Planning Groups requirements are being managed within all three localities of the Health and Social Care Partnership.

The groups have been meeting bi-monthly to produce a locality plan for their respective areas. Locality plans were approved at the IJB and are being progressed.



Section 4

Resources

In 2023-24, Children and Families Social Work had an overall underspend of £233k against a budget of £12.23m. As in previous years, this was largely as a result of continued improved service management through the Resource Allocation Group (RAG), and fewer high-cost placements. However, with reductions in the RAG budget (shared with Education services) being brought forward year on year, the likelihood of the service being in this position this year is reduced.

This rebalancing of care over the last 5 years has been highly successful and we have seen the total number of external supported placements reduce from 40 in 2016/17 to less than 10 today. This reflects improved service management through RAG, the building of a stronger local resource base from the savings that are being achieved from the reduced dependency upon high-cost placements.

We continue to try and maximise external opportunities in bids for funds. However, this can be resource intensive and adds further pressure on staff who are committed to their jobs when bids are not successful.

With budget pressures locally and nationally, there is a tension between delivering necessary savings alongside national policy aims and the vision within The Promise. There is a risk that consideration of non-statutory tasks and roles being cut in other services could lead to a disproportionate increase in the number of referrals to Social Work services. This in turn would create additional financial pressures on the Local Authority during a time when there is heavy scrutiny on budgets.

We take part in frequent risk register discussions to consider service specific and wider corporate risks and the mitigating factors. We review these regularly and update accordingly. Where we are able to mitigate risks operationally and strategically - we do so. Nevertheless, there will always be some risks that arise that are outwith our remit. Likewise with other policy areas being implemented over the course of the next year, there will be additional resourcing demands associated with implementing the Children's Care and Justice Act, the United Nations Convention on the Rights of the Child (UNCRC) and the Scottish Child Interview Model (SCIM) – currently being delivered in conjunction with Falkirk and Clackmannanshire Councils.

Section 4

Resources

We continue to have regular operational contract monitoring discussions with our commissioned services who are part of our offer in delivering support to families. These enable a best value approach to be taken to supporting children and families, and to assist in prioritising the needs of the whole service and community. There are ongoing discussions with external providers across all areas where this is required to ensure time limited use of provision making sure that needs are met whilst avoiding unnecessarily significant expenditure. We continue to explore new opportunities for resources as they become operational locally for awareness but offer no guarantee that they will be used.

There were significant increased pressures in the Children with Disabilities (CWD) Team throughout 23-24 leading to an overspend worth £340k, an increase on previous years. There is a small backlog of cases in CWD that are awaiting an outcome focused assessment being undertaken. However, vacancy management across the Service helped us to keep the overspend figure lower than it may have been had these processes not been in place.

Over 2023/2024, an OT equipment store has seen growth in use resulting financial savings over £15,000, in addition to increased time efficiencies (less travel time). As a result of this approach, children receive essential equipment faster and Occupational Therapists have a quicker throughput allowing new cases to be allocated speedily. There is also the opportunity to have readily available equipment for trial purposes to aid assessment and reduce waiting times. Our OT service has seen a reduction in waiting lists for assessment to under 6 weeks whereas previously there was an 18-month waiting list.

In Justice Social Work, the budget is primarily delivered via Section 27 ringfenced monies from the Scottish Government. In 2023-24, the central budget was £1.76M with an additional recharge to the Scottish Prison Service (SPS) for Prison Based Social Work amounting to £158k.

Justice Social Work Service is working to deliver its statutory responsibilities throughout a period of reduced funding in real-terms with a relatively fixed budget for a number of years. This appears to be an ongoing issue with little prospect of any immediate changes. However, over the reporting year we have continued to review how we effectively utilise the funds which we are provided, to ensure that we achieve the best value for the services we deliver. These challenges run in parallel with justice reform for community services to provide robust and credible alternatives to custody.

Section 4

Resources

The future use of custodial sentences in society is requiring change; influenced by concerns over the rising prison population, as well increasing emphasis on a community-based approach to desistance. Our service is required to pursue positive outcomes for the individuals we work with, balanced against our public protection responsibilities.

Public services, including Justice Social Work, are observing increasingly complex and critical need cases coming into contact with services. The root causes of this are likely to be multi-faceted, however increased cost of living, deprivation and difficulty accessing a range of primary care resources are often cited as significant factors in an individual's acute difficulties

As with all local authority areas, the budget for the Health & Social Care Partnership is significantly larger than that of Children & Families and Justice Social Work. In 2023-24, the Integrated Joint Board's (IJB) budget, shared across Clackmannanshire & Stirling, was approximately £223m, of which £49.4m came from Stirling Council (with a further £36.6m set aside for large hospital services). The expenditure for the year was £236m with a £12.6m deficit. At 31 March 2024 the Integration Joint Board held £9.86m of reserves which are earmarked for use during 2024/25 and future years.

Financial pressures in Adult Social Work and Social Care are significant for a number of reasons with significant demand driven overspends in Adult Social Care services across long-term care, care at home, and Learning Disabilities services. Family Health Services remained the most significant cost pressure area within the partnership and this financial pressure increased to unprecedented levels.

Staffing represents one of the most significant costs associated with the IJB budget with significant expenditure going towards increased use of temporary workforce solutions. This financial pressure was met by NHS Forth Valley but poses a significant ongoing risk for the Health and Social Care system. As a result of significant challenges in recruiting and retaining staff across the Service, there were underspends across several areas of Community Health Services including predominantly staffing related underspends in:

- District Nursing
- Addictions
- Allied Health Professionals
- Community Learning Disabilities
- Community Mental Health Services

Section 4

Resources

Short-term funding

As already noted in this report, feedback from those who use services in Stirling has noted the challenges associated with finite planning that does not support stability for them or their families. Unfortunately, this is often as a result of short-term funding, which while supporting new and innovative ways of working, can make it difficult to ensure sustainability over the long term. For example, the Whole Family Wellbeing Fund has added £493,000 in funding to support for families on the edges of care, keeping many young people out of the statutory care system. The incredibly positive work of the Family Wellbeing Team described in Chapter 2 highlights the benefit that this is already having, however it remains to be seen how we will be able to embed this practice in the long term amid a wider need to scale back delivery of non-statutory services due to budget constraints. We await to see the long-term impact of the Verity House Agreement for Social Work Services, noting the appreciable difference this could have – particularly in Justice Social Work.



Section 5

Workforce

Challenges in recruitment and retention being felt nationally continue to affect the workforce here in Stirling across Children & Families, Justice & Adult Social Work. We continue to review support for the workforce in order to combat these challenges with varying degrees of success.

With the pressures to contribute to savings Council wide, rationalise the service and make better use of existing resources we are though operating leanly with some teams working with the lowest staffing level in core services for over a decade. This presents additional challenge to the service with predicted absence via leave and unpredictable absence via sickness too.

The Council and partners are experiencing volatility across their workforce with recruitment and retention issues and loss of experience. Work to mitigate risks are taking place on a single agency and partnership basis and there is a focus on the issues and actions being taken across strategic groups. All partners agree this is a challenging and ongoing issue as reflected on the risk register and this is an area of business under constant review by the Chief Officers Group.

With monies continuing to be ring-fenced in Justice Services, we have been able to continue with a stable staff cohort, but are not immune to the pressures being faced across the Council and recognise the likely precarity of this arrangement going forward.

Within Children & Families, we have reviewed staffing across a number of areas. In Business Support we have unfortunately had to sacrifice a number of posts as a result of ongoing savings exercises. Since last year, we have maintained a relatively stable Youth Justice Service and have prioritised Social Worker posts across Fieldwork services. We have seen a number of staffing changes but were successful in recruiting a replacement Project Worker without delay and were able to sustain the support required by children and young people including those in conflict with the law.

We have developed a data set which demonstrates the redirection of work to the Children & Families hosted Youth Justice Service, and away from the Adult Justice arena. Accordingly, we have realigned monies to secure a permanent Youth Justice Social Worker in sustaining the current work and also anticipating any additional need which may arise as a result of the Children's Care & Justice Bill in 2024.

Section 5

Workforce

A part-time post was created to support unaccompanied asylum-seeking children and young people to feel welcome and supported to be part of their local community. The person in post worked very hard to build positive working relationships with young people, host families and our Glasgow Road Housing Support service in order to provide an enhanced and clear support plan for each individual. This post has been vacant since January this year. It is hoped that someone will be recruited to this post as soon as possible.

In Children with Disabilities, we have added a permanent staff member to the team, and current waiting lists have reduced and should reduce further over the next year. This is an area of increasing demand and will result in further increased cost for care packages in the future. The Service has worked with Finance and Business Support to support a more robust monitoring system across all the Care Packages and full implementation is planned for 2024/2025.

We have updated materials targeting more general recruitment into the Service. However, one of the primary challenges affecting the recruitment of staff across services, already highlighted in Chapter 4, is fixed-term posts stemming from non-recurring or short-term pots of funding. We are working to streamline funding where possible across services, pulling resources together to fund substantive posts where we can, which has aided long-term recruitment and retention. We have experienced challenges locally recruiting candidates with the level of training and experience required to manage caseloads with a higher complexity and/or risk level.

As part of our work to better showcase what Stirling Council has to offer to potential applicants, we are redeveloping our job descriptions to make them more accurate and to help us advertise more effectively. As well as this, we are reviewing and updating the written materials sent to applicants when they apply for jobs within the Service. This includes posts for professionals, para-professionals and auxiliary staff. Across the Council, further measures have been introduced in the last year including a new unpaid carers policy available to all staff which will award up to five days of paid annual leave to employees who provide support as unpaid carers.

Section 5

Workforce

Most significantly, this year we engaged in a re-grading process for Social Workers across Stirling Council and the HSCP. This took significant work to deliver in conjunction with HR and Organisational Development (OD) colleagues following a lot of research into the remuneration of Social Workers across our neighbouring and comparator authorities as we initially reported last year. This uplift is worth over £3000 p.a. to each member of staff and is in addition to pay uplifts negotiated nationally with COSLA. We hope this will improve our retention levels across the organisation and follows re-grading processes for Family Support Workers, Business Support staff and Team Leaders that was undertaken in previous reporting years.

There continue to be a number of workforce challenges across the whole sector affecting the HSCP with recruitment of specialist health and social care/social work staff continuing to be problematic. Where there are vacancies, existing staff can experience stress and additional pressure, as such the well-being of all staff is a key priority. Succession planning, learning and development and working with partners, the third sector, independent sector, school, colleges and universities are ways we are exploring and developing to mitigate system pressures.

Nationally there continues to be a shortage of MHOs. It will be a focus of the MHO Team Leader to increase awareness of the MHO Award with both social workers and senior management. It is a priority that Social Workers across Adult Care, Justice and Children and Families have an awareness of the development opportunities and the role of an MHO. Discussions have taken place at Senior Management level to try to ensure future applicants are supported to attend the course.

Our commissioned services have also experienced staffing and recruitment challenges but through regular operational management, oversight and liaison with the services, in the main we have managed to ensure minimum waiting times for support.



Section 5

Workforce

Trauma Responsive Social Work Services Pilot Programme

In November 2023, Stirling Council's Children & Families and Justice Social Work Services were identified as one of the early implementation sites of the Trauma Responsive Social Work Services (TRSWS) Pilot Programme alongside Glasgow City Health and Social Care Partnership, Scottish Borders Council and West Lothian Council.

This is an incredibly exciting opportunity for Stirling and, whilst in its infancy, we are sure that the support offered by the Office of the Chief Social Work Adviser (OCSWA) will enable us to support those who use our services and our workforce alike. As of April 2024, we remain in the early scoping and planning stage of development and looking to confirm what is and is not within scope of the support with plans in place to engage leaders in the early stages of the programme in Spring and Summer 2024. Further involvement with frontline staff is scheduled to take place in Autumn and continuing over a period of 18-24 months. This area of work will be sizeable with more detail being provided in next year's CSWO report.

Newly Qualified staff & students

A review of our current staff cohort undertaken this year identified the substantial proportion of Social Workers in Stirling who are either newly qualified, or recently qualified. This is a challenge as we struggle to recruit experienced staff. However, it is also a strength in that we have strong links with student Social Workers and have a strong system of support in place to enable the development of workers new to the profession.

We are prioritising the development of our Grow Your Own scheme, which enables unqualified staff to go to university to pursue a professional Social Work qualification. We recognise the benefit of bringing students into the workplace for a number of reasons. There is a mutual benefit to having naturally inquisitive and curious people within our staff cohort and we regularly receive positive feedback from students following their placements. We have a Practice Educator post, who works to support the learning and development of our student Social Workers and para-professional staff undertaking further studies and we continue to offer student placements for a range of qualifications.

Newly Qualified Social Workers (NQSW) who completed student placements with Stirling Council are encouraged to enter the workforce in substantive posts within our wider staff cohort. We are working to develop recruitment materials specific for newly qualified staff, including video testimonies of staff who have joined the service and can speak honestly about the support they have received whilst at Stirling Council.

Section 5

Workforce

We have positive links with Stirling University. Our Practice Development Officer and other members of the Team have regular communication with the Social Work staff there, offering practical advice for students on what it is like to work as a Social Worker. This is a useful recruitment tool and also ensures that Social Work students are not naïve to the challenges they are likely to face in the profession. In addition, we have specific recruitment leaflets for students at university and use this as an opportunity to showcase some of the additional opportunities for support that we are able to offer in Stirling Council compared with other Local Authorities.

We also have close links with Social Work staff at Edinburgh University and the Open University, allowing us greater insight into what prospective newly qualified staff are looking for in an employer.

We were not one of the ten early implementation areas for the SSSC Supported Year for NQSW pilot scheme. However, we have had a Practice Development Officer in post for over a year and this has ensured our newly qualified staff are fully supported and are able to access more structured induction support, additional supervision, 1-1 training and planning, peer support, and a protected caseload alongside protected learning time.

Whilst we were not part of the SSSC's pilot programme, we have been able to learn from the progress that has been made as part of this and are looking to implement the recommendations into our own work. Monies from the SSSC have been secured in the next phase of implementation to extend both our Practice Development Officer and our Practice Educator as we look to further cement this support. We will face challenges in continuing this programme of support beyond 24/25 once these two temporary posts end.



Section 5

Workforce

Strategic Workforce Planning

The Integrated Workforce Plan 2022-2025 continues to form the basis of the Health & Social Care Partnership's Strategic Workforce Planning and is based on the continuous improvement cycle 'Plan, Do, Study & Act', to ensure that we are a dynamic and flexible organisation, capable of responding to system changes.

In line with the principles of effective local planning, the Integrated Workforce Plan is focused on a healthy and confident workforce, good engagement with partners including staff side and trade unions, delivery of person-centred care and a human rights-based approach and the principles of the Fair Work Convention. We recognise that our workforce and strategic partnerships are our most valuable resources and including the care and support delivered across our communities. The dedication of our own staff, providers, communities and partners ensures high quality services are provided. The Integrated Workforce Plan outlines the key steps to the re-design and modernisation of community health and care workforce, which is being delivered through the development of our new Strategic Commissioning Plan and our ambitious programme of transforming care. The Plan was developed using the Skills for Care model of self-assessment and guidance produced by the Improvement Service.



The Integrated Workforce Plan was designed using the five elements called pillars: Plan, Attract, Train, Employ and Nurture as described within the National Workforce Strategy for Health and Social Care published by the Scottish Government in April 2022.

Within Stirling Council, Service Planning already integrates workforce development and planning, so transformational programmes consider workforce needs at the earliest possible stage and partners within OD and wider services are working collaboratively as part of this process. In addition, OD are working with services across Stirling Council to review the job design process and practice to support us to better identify the skills, knowledge and competence we require now and, in the future, whilst building on Fair Work Principles. Work to progress this area continues and will feature in the publication of next year's Three-Year Business Plan 2024-2027.

Section 6

Learning, Training & Development

In line with our aspiration to be a learning organisation, learning needs continue to be assessed within Stirling Council on an ongoing basis, through service planning, feedback from service users and reviews, supervision and annual review conversations with staff, formal surveys e.g. i-matters and regular meetings between partners and workforce leads. We also carried out learning needs analysis and knowledge and skills audit for our Adult Protection trained Council Officers and have planned a calendar of rolling learning and training. This will help with the future planning and delivery of adult support & protection learning and practice development opportunities for all Council Officers.

As a result, we continue to share learning and development opportunities across services and the HSCP including partner agencies e.g. multi-agency public protection training, face to face safe practice training (medication, safe moving and handling, food hygiene etc.) and a variety of other themes and topics all of which contribute to staff development.

Learning and Development is largely guided by the Stirling Council Strategic Workforce Plan 2020 – 2025; collaboratively created with service users, carers, staff and partner agencies it is based on a number of strategic plans including: the Stirling Council 10-Year Strategy 2020-2030, in which our ambition is for “a thriving workforce; Stirling’s Children’s Services Plan 2023-2026, which incorporates our pledge and actions for The Promise; Clackmannanshire and Stirling Health & Social Care Partnership Workforce Development Strategy 2022-2025, Health and Social Care Workforce Strategy in Scotland, Multi-Agency Public Protection Learning and Practice Development Workforce Strategy 2020-2023 to name a few.

Each of the above is informed and co-produced with the workforce, service users/representation, partners and Union representatives and we are constantly looking at ways of better engaging people with lived experience.

This year, we have prioritised trauma informed practice so that children, young people and adults are supported to overcome adversity. There is increasing evidence that trauma-informed practice is effective and can benefit both trauma survivors and staff. For trauma survivors, it helps by bringing hope, empowerment and support that values them as individuals who happen to have had adverse experiences.



Section 6

Learning, Training & Development

Following feedback from applicants and new-starts joining the organisation, we have now ensured that our human resource processes incorporate trauma-informed principles regarding recruitment and the employee journey.

This will continue into next year as Stirling has been identified as a pilot area for the Scottish Government's Trauma Responsive Social Work Services Partnership with Children & Families and Justice Social Work staff set to be within scope.

Leadership skills remain a priority. Working well in teams and supporting transformational change has been a focus, to enable managers/leaders to lead well and have work plans which are followed, updated and to which responsible officers are held accountable. Two Children & Families Managers have attended the Council's commissioned Leadership Programme and a number of supervisors and managers have attended the bitesize Transformation Programme learning events including How Emotional Intelligence Can Help With Change, Supporting People Through Change, Problem-Solving, Coaching Difficult Conversations and Motivating People. This year will see us evaluate the impact of these sessions on practice and build on the events from participant and stakeholder feedback.

At the end of the financial year a first draft of the Stirling Multi-Agency Public Protection Learning and Practice Development Workforce Strategy 2024-27 and associated Framework was devised. This followed discussions with Service Managers on what they see as priorities. Both documents have been agreed by the Public Protection Learning and Practice Development Sub-group and approved by the respective Child Protection Committee and Adult Support & Protection Committee.

The following Multi-agency Child Protection training priorities continue to be Child Protection for the General Contact Workforce, the Identification of Need, Risk and Desired Outcomes, Trigger Trio (an introduction to parental substance use, mental ill health and domestic abuse) Neglect Tool Kit, IPSU (impact of parental substance use framework and guidance) Child Protection Key Processes Roles & Responsibilities (As of this year we have included Scottish Fire & Rescue to facilitate an input into the training) , Vulnerable Babies Harmful Sexual Behaviour and Protecting Children with Disabilities.

The following Multi-agency Adult Support & Protection training continues to be Adult Support & Protection for the General Contact Workforce and Adult Support & Protection Key Processes Roles & Responsibilities at a single agency level. However, we have extended an invite to partner agencies and services. The training focus has centred on Adult Support & Protection Case Conferences, Protection Orders and 50 Shades of Capacity training. These reflect findings from the Care Inspectorate Adult Support & Protection Inspection.

Section 6

Learning, Training & Development

The following multi agency Violence against Women & Girls (VAWG) training continues to include; Domestic Abuse & Coercive Control (Scotland) Act, MARAC, Responding to Disclosures of Rape and Sexual Assault and Under Pressure training (The programme aims to support professionals working with young people to open discussions with them about some of the pressures they may be facing including: risk of grooming and sexual exploitation, negotiating online safety, engaging in healthy consent-based relationships, and dealing with the pressure to conform to idealised models of 'how to be' men and women.)

All of the above opportunities reflect the child and adult referrals received, to assist practitioners to work collaboratively and ensure better assessments and plans. Those who completed course evaluations report that multi- agency learning helps make connections between agencies, services and practitioners. The information imparted emphasises the need to work in partnership to better assess, plan with a shared understanding of thresholds.

Due to operational pressures, we have not been able to complete our planned supporting practice audit on the use of our assessments and frameworks in cases of child wellbeing and child protection, which we had identified in the CSWO 2022/23 report.

Nevertheless, multi-agency training delivered jointly across Forth Valley continues to be very well appraised with nearly 80% of respondents answering 9 or 10 when asked to rate how helpful they found the training. Across 30 different Public Protection areas, face to face training was delivered to 263 Stirling Council staff members, 166 HSCP staff members, and further 700 staff members and volunteers from a range of sectors.

There continues to be a commitment at all levels in relation to sustained financial investment in learning and development for staff, students and volunteers across Stirling Council, although this is challenged with constant pressures to make savings that all local authorities are facing. We continue to review and evaluate the effectiveness and blend of learning to support the best uptake and impact for staff and service users. An example of this would be the closure of the in-house SVQ/SQA Centre at the end of March 2024 which was part of cost saving plans. Learning and training budgets are also affected by the increase in costs and charges for services.

Generally, the financial investment in multi-agency learning and development is provided through the Organisational Development training budget. Commissioned training has focused on bespoke specific topics e.g. Protection Orders. In the future the training budget will need to be more equitable between all agencies where there is multi-agency learning identified.

Section 6

Learning, Training & Development

Nevertheless, staff, including relief staff, have been supported to complete their SCQF qualifications as a priority, by the Council SQA Centre to fulfil their SSSC registration requirements whilst planning is underway to secure new providers for next year when the SQA Centre will close and new and more flexible delivery of SVQs will be sourced to keep up with the changing and challenging pressures on our services.

| Qualification | Completed | In process |
|---|-----------|------------|
| SVQ 2 Social Services and Healthcare SCQF Level 6 | 11 | 4 |
| SVQ 3 Social Services and Healthcare SCQF Level 7 | 4 | 3 |
| SVQ 4 Social Services and Healthcare SCQF Level 9 | 1 | 1 |
| PDA Health and Social Care Supervision | 2 | 2 |
| SVQ 4 Care Services and Healthcare SCQF Level 10 | 0 | 2 |

Section 7

Looking Ahead

Looking ahead, there are a number of potential issues and challenges on the horizon as well as overall changes to the way we operate.

As highlighted throughout this report across Social Work services, whether in Children & Families, Justice or Adults, there are notable pressures around finance and staffing which have the potential to worsen over the coming years unless there are significant changes to how services are delivered and funded.

There are serious concerns about the sustainability of new and innovative approaches, which we know are working, when funding streams are no longer in place. For example, as highlighted already, it remains unclear how support associated with the Whole Family Wellbeing Fund can be embedded in two years when local experience indicates it usually takes much longer to see a change in practice that is sustained and reliable in terms of operational delivery. It remains to be seen how this change in practice can be enabled without the associated funding.

We are not naïve to the significant financial pressures that will persist across Stirling Council, the HSCP and with partner agencies over next year and the foreseeable future and will continue striving to be innovative in our approach.

Elsewhere in Children & Families, significant work over the next year will seek to prioritise increasing the availability of placements of all types. Within Adoption & Fostering, the focus will be on

- Recruitment and retention of Foster Carers and host families;
- Supporting Foster carers using trauma informed practice;
- Reviewing kinship care service;
- UASC recruitment and training informed by developing practice across the UK;
- Adoption support training for workers.

It is hoped that development across each of these areas will support the availability of placements for children at a time when there is significant challenge across the country. Within Children & Disabilities, many of the challenges are similar and we will look to increase capacity for short breaks, continuing efforts to improve the newly developed Framework and Providers Forum.

Section 7

Looking Ahead

In Children & Families in 2024-25, we will be undertaking a significant restructure process following the loss of a Team Leader post, and a temporary Service Manager post. Significant redesign work has already been undertaken with further involvement with staff planned for the early stages of 2024-25. Alongside this, Stirling Council are also in the process of an accommodation review which will have an impact on how services are delivered council-wide. This has the potential to disrupt, but managers are well abreast of what is required and working to deliver with minimal interference for staff and those who use services.

Across Children & Families and Justice Social Work Services, work around the Trauma Responsive Social Work Services Pilot Programme will continue throughout 24-25 and into 2026. As already highlighted in the main body of the report, this is a significant piece of work and we anticipate the benefits associated with the programme will continue long into the future.

In Justice Social Work, the Early Release of Prisoners and Prescribed Victim Supporters (Scotland) Regulations (2024) will play a significant part in service delivery next year. Community Justice Social Work settings will play an integral part in supporting efforts to ease pressure on Scotland's prison settings. This will have an implication on how Stirling Justice Services take action on the identification and management of individuals released from custody early. We continue to work with SPS and other partners to deliver this work. Justice Services have also begun to support the implementation of the Children's Care and Justice Act within Stirling and will continue to do over the course of 24-25.

In line with the Vision for Justice Scotland three-year delivery plan (2023-2026) we will embrace innovation and digital modernisation by continuing to participate in the national discussion led by Social Work Scotland on the identification of new technologies that may enhance practice as it will allow services to direct more resources to person centred working.

Moreover, we will continue to develop and raise awareness of disposals e.g. Bail Supervision, Diversion, Structured Deferred Sentence and other direct alternatives to custody to support the shifting balance from custody to community.

We are also aware there will be increased expectation for community services to respond innovatively and proactively to initiatives such as emergency prisoner release, and we will seek to introduce a women's specific intervention approach, including identification of a suitable venue tailored to the specific needs of women involved in the justice system.

Section 7

Looking Ahead

In Adult Social Work, at the very beginning of 2023-24, we produced our ten-year Strategic Commissioning Plan, demonstrating our long-term commitment to our people and staff and services. We will continue to be proactive and innovative in how we operate within our environment and work to shape the future of health and social care in Clackmannanshire and Stirling and nationally.

This Strategic Commissioning Plan is the very beginning of the process of transformation and change and has set out the intention to co-produce and codesign services with the people at the very centre of the services, those who have lived and living experience of services and conditions, and those who deliver the services.

In relation to Mental Health, a significant amount of work is already planned for 24-25. There is a working group in place reviewing the supervision of CSWO and private guardianships. This has identified training needs and these are being actioned by service management and the two MHO Team Leaders. Once the training briefings have been fully developed, these will be rolled out, focusing on all Adult Care teams and the Children with Disabilities team



EQIA Initial Screening Document

| | | | |
|---|--|--|---|
| Name of document: | Stirling CSWO Report 2023-2024 | | |
| Type of Document | | | |
| Guidance <input type="checkbox"/> | Policy <input type="checkbox"/> | Procedure <input type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| If other please detail | Annual Report | | |
| Scope | | | |
| FV Wide <input type="checkbox"/> | Service Specific <input checked="" type="checkbox"/> | Discipline Specific <input type="checkbox"/> | Other <input type="checkbox"/> |
| If other please detail | | | |
| Is this a new document being EQIA'd | | | |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Briefly describe the Aims and Objective of the document | | | |
| The aim of this report is to provide an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across Stirling Council in 2023/24. This is an annual update report and it is appropriate that the Integrated Joint Board scrutinise the developments in this area over the last year. | | | |
| Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to: <ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations Please indicate your decision below | | | |
| <input type="checkbox"/> | Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed) | | |
| <input checked="" type="checkbox"/> | No impact/discrimination identified | | |

I agree that the details within the enclosed evaluation are a true reflection of the assessment completed and that the above policy/function/service does not have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.

Signature and Date

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 17

Clackmannanshire Chief Social Work Officer Report 2023-24

For Noting

| | |
|--|---|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council |
| Author | Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council |
| Exempt Report | No |

| Directions | |
|--------------------------|--------------------------|
| No Direction Required | x |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|--|
| Purpose of Report: | The Chief Social Work Officer Annual Report provides an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across Clackmannanshire Council in 2023/24. This is an annual update report, and it is appropriate that the Board scrutinise the developments in relation to adult social work and social care over the last year. |
|---------------------------|--|

| | |
|-------------------------|--|
| Recommendations: | The Integration Joint Board is asked to: 1) Consider and take assurance from the Chief Social Work Officer's Annual Report. |
|-------------------------|--|

| | |
|------------------------------|---|
| Key issues and risks: | This report contains an update and there are therefore no risks associated. |
|------------------------------|---|

1. Background

- 1.1. Section 3(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc. (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer.
- 1.2. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies whether these are provided by the local authority or purchased from the private or voluntary sectors.

2. Considerations

- 2.1. The Chief Social Work Officer Annual Report for 2023/2024 has been completed using the standard template and following the advisory guidance produced by the Office of the Chief Social Work Adviser to the Scottish Government.
- 2.2. The annual report for Clackmannanshire provides an update from the Chief Social Work Officer (CSWO) on a number of areas: Governance, Service Quality, Challenges, Resources, Workforce, Training and Looking Ahead.
- 2.3. Note that the report was endorsed by Clackmannanshire Council's Audit and Scrutiny Committee on 12 December 2024.

3. Appendices

1. CSWO Report
2. EqlA Initial Assessment

| | |
|---|---|
| Fit with Strategic Priorities: | |
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | N/A |
| Other Resources: | N/A |
| Legal: | N/A |
| Risk & mitigation: | N/A |
| Equality and Human Rights: | The content of this report does not require a EQIA |
| Data Protection: | The content of this report does not require a DPIA |
| Fairer Duty Scotland | This paper does not require a Fairer Duty assessment. |



Clackmannanshire
Chief Social Work Officer
Annual Report 2023/2024

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 - 5.2 Justice Services**
 - 5.3 Adult Services**
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- 6. Resources**
- 7. Workforce**
- 8. Looking Ahead 2024-2025**

1. Introduction



Welcome to the Chief Social Work Officer (CSWO) annual report covering the period 1 April 2023 to 31 March 2024. This is my fourth annual report in my CSWO role. This report reflects on the achievements and the challenges in the delivery of social work and social care services in Clackmannanshire and priorities for the year ahead.

In my report last year I highlighted the significant and unprecedented challenges faced in delivering high quality social work and social care services to the citizens of Clackmannanshire, including increased complexity of needs, growing demand, an ageing population, rising poverty rate and the ongoing cost of living crisis, workforce shortages and high turnover, post-pandemic recovery, and the immense impact on the social work and social care service workforce wellbeing. Notwithstanding increasing financial pressures compounded by social care cost escalation, these pressures across the social care landscape continue to prevail whilst ensuring effective and efficient delivery of high quality, care and support to the people who use and need our services.

Despite the considerable and challenging operating environment within the sector, our social work and social care services, working in collaboration with our local community planning partners and partner providers have continued to work tirelessly to support and protect our most vulnerable people, tackling inequalities, and building local capacity for transformational whole system change through innovative, prevention based approaches at the earliest point of need.

Some key achievements over the year to highlight have been the implementation of our Children's Early Help service and the Forth Valley Scottish Child Interview Model (SCIM) team, development of a Family Support Collaborative, expansion of our innovative multi-disciplinary Justice hub, embedding the HSCP Commissioning Consortium and strengthening Locality Planning Networks.

My appreciation and gratitude goes out to all of the social work and social care workforce for their invaluable hard work, dedication and commitment to deliver high quality social work and social care services to support the people of Clackmannanshire when they need it most. Also, a special acknowledgement and recognition to our unpaid carers community who devotedly care and support their loved ones on a daily basis.

2. Purpose and Background

This report is produced to satisfy the requirement to prepare and publish a report in relation to the CSWO's role in professional leadership, oversight of practice, governance, values, and standards as described in national guidance¹. The report also relates to the specific areas of decision-making and practice where legislation confers functions directly on the CSWO mostly relating to public protection and the restriction of an individual's freedom.

There is a requirement on each Local Authority to submit an annual CSWO report to the Chief Social Work Advisor to the Scottish Government. This enables the Chief Social Work Advisor to present a national picture of the social work profession and social work practice and delivery. The report also satisfies the statutory requirement to produce and publish an annual report for the Council and the Integrated Joint Board (IJB) on the activities and performance of social work services within the local area. The report provides an overview of the delivery of social work and social care services in Clackmannanshire, including an overview of governance and accountability arrangements, service quality and performance information relating to children, justice and adult social work services.

¹ <https://www.gov.scot/publications/role-chief-social-work-officer/>

3. Clackmannanshire Profile

Our Local Area

- Clackmannanshire is the smallest mainland council in Scotland, covering an area of **61.4** square miles, with **292** kilometres of road, and classed as semi-rural.
- **60.1%** of local residents rate their neighbourhood as 'a very good place to live', which has improved significantly in recent years, now just above the Scottish average of 59.1%.
- **68%** of people living in Clackmannanshire consider their health to be good or very good. This compares to 70% in Scotland.

Our People

- The population of Clackmannanshire is **51,750** (nearly 1% of the Scottish population), which is likely to **fall** by **2.9%** in the next 20 years, while the Scottish population is expected to **increase** by 2.5%.
- We have a slightly higher than average proportion of older people locally; **21.0%** aged 65 and over, in comparison to 20.1% across Scotland.
- The proportion of children and young people is also slightly higher than average – **19.1%** aged under 18, while this is 18.5% across Scotland.
- Due to higher than average proportions of older and younger people, our working age population (aged 16-64) is lower – **62.2%**, compared with a Scottish figure of 63.5%.
- **39%** of people are living with a limiting long term illness or condition compared to 37% in Scotland.
- **22.0%** of the population were prescribed medication for anxiety, depression and psychosis compared to 20.1% in Scotland.
- **18%** of adults in Clackmannanshire are current smokers, compared to 15% in Scotland.
- **26.1%** of the Clackmannanshire population (13,426 people) live in the 20% most deprived areas of Scotland.
- High local levels of deprivation mean rent arrears of **11.5%** are higher than the Scottish rate of 9.6%.
- **98.5%** of crisis grant application decisions are within 1 day (Scotland: 94.0%), and **99.8%** of community care grant decisions within 15 days (Scotland: 83.3%) 3rd highest rate in Scotland.

Our Children & Young People

- **29.2%** of children under 16 years live in poverty (after housing costs); the 3rd highest rate in Scotland, The proportion in low income families (before housing costs) is 25.9%.
- **225** children were being cared for by the Council (July 2023), representing **2.3%** of under 18 year-olds and higher than the Scottish rate of 1.2%. The rate of children on the Child Protection Register (per 1,000 children aged under 16) was **1.7**; below the Scottish rate of 2.3.
- **78.1%** of primary school pupils and **23.8%** of secondary school pupils are registered for Free School Meals compared to the previous year [63.7% and 18.7%].
- **33.9%** of primary school pupils and **41.5%** of secondary school pupils have additional educational support needs.
- School attendance rates are higher than average – **91.0%** for all children & young people and **86.1%** for those who are care experienced, with Scottish rates of 90.2% and 84.4%, respectively.
- The academic attainment gap between the most and least deprived areas has reduced. In primary schools, we are close to the Scottish average for numeracy, and have the 4th lowest gap for literacy. In secondary schools, however, attainment remains below average, including in deprived areas.

Our Older People

- The national rate of delayed discharge for older people (75+) spiked in 22/23 and only marginally reduced in 23/24 (to 901 unnecessary days spent in hospital, per 1,000 older people) while, over the same period, the local rate has been maintained at a static level of **722** days.
- Homecare hours provided for older people (65+) has increased by 85.0% since 2010 while the number of residential care clients has reduced by 9.8%, in line with the aim of supporting more people in the community. Self-Directed Support is **3.4%**, compared to the Scottish figure of 8.7%.
- **71.1%** of older people (65+) with long-term needs receive homecare (Scotland = 61.5%) where we have been ranked within the top 4 authorities in all 13 years for which data is available.
- We also perform consistently well in Adult Care inspections, within the top 6 authorities for a decade, currently 4th best in Scotland, with **87.7%** of services graded good or better in 23/24 (77.0% nationally).

Our Health & Wellbeing

- Life expectancy is **80.0** years for females and **76.0** years for males (just below the Scottish figures of 80.7 and 76.5, respectively). Healthy life expectancy however reveals that women can expect to live **59.6** years in 'good' health (Scotland: 61.1) while the figure for men is **61.3** years (Scotland: 60.4).
- Alcohol-related mortality is **17.7**, lower than the Scottish rate of 21.1. Our rate of drug-related deaths is **33.1**, higher than the Scottish rate of 25.2. The smoking-attributable mortality rate of **288.8** is also higher than the national average of 270.0 (all rates per 100,000 population).
- Suicide rates (per 100,000 population) are higher than average (**16.5** versus 14.1 across Scotland), with higher rates in males than females, as is the case nationally. There has, however, been a significant reduction locally in suicides amongst young people (11-25 years) to **9.4**, where the Scottish rate has increased (now at 11.1).
- Higher than average rates of domestic abuse – Clackmannanshire figure of **127** per 10,000 population. In comparison to the Scottish rate of 114 per 10,000 population.
- There are above average rates of violent crime, assault and attempted murder, though rates of vandalism, breach of the peace and drug crimes are reducing. There has been a substantial reduction in young people hospitalised due to assault (aged 15-25, per 100,000 population) from **113.0 to 42.1** over 2 years, now the 6th lowest in Scotland, where the rate reduced from 104.4 to 79.2.
- Our rate of hospital re-admissions within 28 days (for people of all ages) is the fourth highest in Scotland at **134.6** per 1,000 discharges, while the national rate is 103.9.
- While only **9.5%** of adults use active travel to work (below the national rate of 16.9%), exemplary numbers of children & young people use active travel to school – **65.3%** (Scotland: 50.2%), where we have been in the top 8 authorities for over a decade, with the 2nd highest rate for the last 2 years.

Our Local Economy

- **94.9%** of school leavers go on to positive destinations (training, employment, etc.), just below the Scottish rate of 95.9%, as is the participation rate of 16-19 year-olds: **91.6%**, with a Scottish rate of 94.3%.
- Unemployment is higher than average, both overall (16-64 year-olds); **3.4%** versus 3.1% for Scotland, and particularly in young people (16-24 years); **4.9%** versus 3.5%. The Clackmannanshire Works programme, however, supports higher proportions into work; **21.0%** against a Scottish rate of 12.9%.

Further information on Council and partnership performance, can be found at: <https://www.clacks.gov.uk/council/performance/> and <https://www.clacks.gov.uk/council/factsandfigures/>

4.0 Governance, Accountability and Statutory Functions

Local authorities are required, under Section 3 of the Social Work (Scotland) Act 1968, to appoint a professionally qualified Chief Social Work Officer (CSWO). The role of the CSWO is to provide a strategic and professional leadership role in the delivery of social work services. The CSWO ensures professional oversight of social work practice and service delivery. This includes professional governance, service improvement, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The professional governance of all social work services in Clackmannanshire is undertaken by the CSWO, who is also the Senior Manager, People with lead responsibility for the strategic and operational management of Children's and Justice Services.

In Clackmannanshire, Social Work Services and the CSWO role, operates in the context of the following governance structures:

- Clackmannanshire Council
- Clackmannanshire & Stirling Integrated Joint Board (IJB)
- Clackmannanshire Community Planning Partnership Board (The Alliance)

Clackmannanshire Council and Community Planning Partnership strategic planning framework is set out in our [Corporate Plan Be the Future](#) and our [Local Outcome Improvement Plan \(LOIP\) 2017-27](#). The Corporate Plan sets out our strategic vision and priorities and our key performance measures which we report on annually.

Within Clackmannanshire, Children's and Justice Services are managed and governed by Clackmannanshire Council and is situated within the People's Directorate (which includes Education Services). During 2020, following a restructure of all Council services, the People Service brought together Education, Children's Social Work and Justice Services into one Directorate. The People Directorate concluded the management redesign which included the recruitment of new senior manager posts within the Children's Social Work Service during 2022. Work progressed during 2023 to complete the Children's services redesign with the recruitment of new Senior Practitioner roles embedded within social work Children's and Justice Services.

The People Directorate Business Plan 2023-24 sets out the key actions delivered by the People Directorate in 2023/24 and contributes to the delivery of key strategic objectives as set out within:

- Local Outcomes Improvement Plan 2017-27 (Wellbeing Economy Local Outcomes Improvement Plan under development)
- Clackmannanshire Council's Children's Services Plan 2021-24
- Clackmannanshire Community Justice Plan 2018-23
- Violence against Women and Girls Strategic Plan 23-24
- The Promise Plan 23-26
- The National Improvement Framework Plan 23-24

The People Directorate maintains and reviews a Delivery Plan and Service Risk Register with exception reporting through the Council's Senior Leadership Group and Extended Senior Leadership Group and annual reporting to Council Committee. The 2023-24 People Directorate Business Plan can be accessed here <https://www.clacks.gov.uk/document/meeting/1/1200/7645.pdf>

Adult social work and social care services, including community health are delegated to the Integrated Joint Board (IJB) which spans Clackmannanshire Council, Stirling Council and NHS Forth Valley. Clackmannanshire Adult social work and social care services are delivered and managed by the Health and Social Care Partnership (HSCP). It is a unique partnership in Scotland as it is the only Health and Social Care Partnership that brings together two Councils and a Health Board. The Board, through the Chief Officer, has responsibility for the planning, resourcing and operational oversight of integrated services through the Strategic Commissioning Plan. There are two committees: Audit and Risk and Finance and Performance. The Chief Officer who is the Director of Adult Services reports to the Chief Executives of Clackmannanshire and Stirling Councils and NHS Forth Valley and is responsible for the operational management and performance of integrated services. The Chief Officer is a substantive member of the senior management teams of Clackmannanshire Council, Stirling Council and NHS Forth Valley. The Chief Officer has in place a senior team of direct reports that ensures adequate and effective oversight and assurance to the Integration Joint Board in relation to all HSCP performance, professional and clinical and care governance. The HSCP's main plan is the Strategic Commissioning Plan 2023-2033 and sets out how services will be delivered across Clackmannanshire and Stirling over the next ten years. <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

The CSWO, as a member of the Council's Extended Senior Leadership Team, works in partnership with Elected Members, the Chief Executive, the Chief Officer of the Health and Social Care Partnership, senior officers, managers and practitioners to provide professional advice, governance, leadership and accountability and oversight in regard to assuring the quality of social work practice standards and service delivery. The CSWO also has professional responsibility for ensuring that social work services fulfil their statutory duties and that both staff and the Council work in accordance with the Code of Practice for employees and employers as set out by the Scottish Social Services Council (SSSC).

The CSWO as a member of the Clackmannanshire & Stirling Public Protection Chief Officer Group (PPCOG) provides professional advice on public protection matters. The Chief Officer Group meets quarterly and has responsibility for the strategic leadership and oversight of delivery of services and for improved outcomes for Child Protection, Adult Support and Protection, Violence against Women and Girls and Offender Management - Multi Agency Public Protection Arrangements (MAPPA). The CSWO is a member of these key public protection partnerships and member of the Community Justice Partnership, Alcohol and Drugs Partnership, the Tackling Poverty Partnership and MAPPA Strategic Oversight Group. The CSWO chairs the integrated Children and Young People Strategic Partnership group, our key partnership for children's services planning for delivering on our collective ambition to improve outcomes for children, young people and families.

As a statutory officer of the Council, the CSWO reports directly to the Chief Executive and meets regularly in relation to professional social work matters. The CSWO ensures that Elected Members are provided with reports regarding relevant developments and required decisions relating to social work policy, service priorities, pressures and challenges through a range of forums including The Alliance (Clackmannanshire's Community Planning Partnership), Council and Audit & Scrutiny Committee, Elected Member Boards (Children & Young People Board and Adult Social Care Board), Council Extended Senior Leadership Group, Clackmannanshire and Stirling Integrated Joint Board and the Clinical and Professional Care Governance group. The CSWO is a non-voting member of the Integration Joint Board (IJB) and a member of the Clinical and Professional Care Governance group, which is responsible for supporting and scrutinising the delivery of integrated adult care services delivered and managed by the Health and Social Care Partnership (HSCP). The CSWO is also a member of the Forth Valley Collaborative Care Home Oversight Group consisting of strategic leaders from across the HSCP and NHS who meet monthly to support our local care homes and be assured on the quality and standard of care being provided to older adults.

5. Service Quality and Performance

5.1 Children and Families

Children's social work services receive a range of referrals from partner agencies including Police, Education, Health, third sector and direct from members of the public. During the reporting period 2023/24, children's services received **1401** referrals (requests for assistance). This is a **16% increase** from 2022/2023 where there were **1180** requests for assistance.

The development of our Early Help team, our front door service for early support, has enabled a preliminary screening of all initial contacts to children's social work for support to children and families, ensuring that only the most appropriate referrals/requests for assistance progress to the locality practice teams for those children and young people who may require statutory or specialised/targeted intervention and support.

5.1.1 Early Help and Family Support

Our Clackmannanshire Early Help team was fully implemented in October 2023, following a redesign of children social work services aimed at improving early access to family support services, ensuring families are provided with the right support, in the right place, at the right time. With a focus on early help and prevention the aim is to reduce the number of children subject to formal statutory measures of care with a focus on keeping more children safely at home. The Early Help Team vision is to provide strengths based, accessible and responsive whole family service at the point of need, focused on building the strengths of each family network to prevent an escalation of need and risk.

In the first 6 months of operation the Early Help team supported 63.5% of all requests for assistance to children's social work. Over 400 participants have accessed the 0- 3 year drop-in sessions.

One of the key innovations of the Early Help model is the strengthened partnership working with universal and third sector services. This is set in the context of the Early Help team becoming more community focussed and embedded within the local community. The team work closely with health, education and local community groups as part of the Clackmannanshire Family Wellbeing Partnership which aims to deliver the commitments of the Christie commission by moving staff and resources closer to communities and developing a network of support accessible locally at point of need. This coordinated and integrated approach is ensuring that children, young people and families access the right services at the right time, in the right place and avoiding unnecessary duplication and ensures that our collective resources are used efficiently and appropriately. An example of this is the team's role within the emerging and innovative Family Support Collaborative which will be delivering family support hubs six times a week in locations across Clackmannanshire.

The second is the embedding of Family Group Decision Making (FGDM) alongside kinship support, within the early intervention service, rather than as a service aligned to alternative care provision. The purpose is to ensure that at the first point of contact with children's services, families have the opportunity to build capacity and be supported to deliver their own solutions to difficulties. FGDM has a focus on the wellbeing of whole families and works with families in a way to enable children, parents/carers and their wider extended families and networks to develop their own family support plan and prevent the need for statutory social work involvement. The FGDM approach is enabling more children to live safely at home or kinship care.

During the period from 1st of April 2023 to 31st of March 2024 the FGDM team delivered:

- 74 Initial Referral Meetings
- 47 Family Meetings

- 6 Emergency Family Meetings
- 11 Reviews

Examples of some of the groups delivered by the Early Help team, delivered in partnership with universal and third sector organisations during 2023/24 are outlined below:

- Stay and Play Groups (Birth - 3 years)
- Baby Bonds – Baby Massage (Joint initiative with Early Help Team and Health)
- Incredible Years Parenting Programme
- Season for Growth programme (partnership with education colleagues)
- Play Together sessions (facilitated by Action for Children practitioners)
- After school group
- THRIVE to Keep Well programme (targeted towards parents, builds participants' confidence, motivation, self esteem; providing opportunities for volunteering, learning and employment)
- Awareness Group - Early help team and Barnardos (12-18 yrs coming into conflict with the law)
- Mellow Caring for Young People (partnership with Action for Children Family Support Service and Early Help team; evidence-based 12 week parenting programme for parents/carers of young people between P7 and S4)
- Monthly group for carers to experience peer support, access to workshops, seek advice and guidance and networking
- Kinship care support to carers.

During 2023/24, third sector providers and children's services partners came together to discuss how a more innovative and progressive way of delivering services to families across Clackmannanshire could be achieved. A Family Support Commissioning Consortium was established to co-produce a new delivery method to support the work of the Children's Services Early Help team and align with the work of the Family Wellbeing Partnership. Five commissioning consortia have been held and around 30 third sector organisations have taken part. These have been complemented with additional input and discussions being held at the Children and Families Third Sector Forum. The Family Support Collaborative will be operationally-led by three organisations, Barnardo's, Action for Children and Homestart Clackmannanshire, supported with funding and financial management by Clackmannanshire Third Sector Interface (CTSI) and informed by our 'Family Voices' group. The proposed model of family support will be a community based Hub model with early intervention and prevention at the core of delivery and self-referral from families encouraged. The aim is to locate community hubs in spaces and places where children, young people and families already attend and align the hubs with our existing One Stop Shop provision. A key objective is that families, through self-referral can access bespoke support tailored to their needs; from employability advice through to parenting and family support.

Our Third Sector partners remain an essential and integral part of our effective early intervention and prevention services. The key focus is on safely maintaining our children and young people at home with their families and within their community. With the support of Whole Family Wellbeing funding, we commissioned additional intensive support to bolster this provision and further reduce the numbers of children being looked after away from home or being placed further from their home outwith Clackmannanshire. Our Participation Development Officer, funded through our Whole Family Wellbeing Fund has been working proactively and directly with families over the past year to identify barriers to accessing services to support the design of services which are accessible across the continuum of need from universal to intensive and targeted support. An online directory, bringing together community based whole family support services in Clackmannanshire, including universal services and more targeted support has been produced to better support families to navigate and access the range of support services available.

The range of well established third sector commissioned family support programmes delivered during 2023/24 includes:

- **Action For Children Functional Family Therapy (FFT)** is our family based intensive intervention programme that builds on the existing strengths within family relationships aimed at improving the outcomes for children and young people aged 8- 18 years. The FFT service supported 33 families, including 63 children and young people.
- **Action For Children Clackmannanshire Family Support Service** provided support to 63 children and their families. Around 67% of these children were protected from harm as a result of the support offered to them; 33% moved on from receiving intensive family support and attending groups to maintain the progress and improvements achieved. Interventions include formal and informal parenting support through groups such as Incredible Years, Wellbeing Support Groups and Parent Interest groups, these are all underpinned by Positive Parenting. The service also provides 1:1 support for parents, carers, children and young people, including support in relation to routines, boundaries, emotions, practical support in the home, support with health and nutrition, support to create a safe and healthy environment.
- **Action for Children Clackmannanshire Additional Support Service (CLASS)** is a partnership with Barnardo's. The CLASS service has a focus on maintaining family relationships and contributing to the success of children being able to remain or return home to live with their family. CLASS provided intensive support to 62 children and their families during 2023/24. A key focus of the CLASS work is supporting families to introduce good, safe and healthy routines working alongside families to model the implementation of these routines.
- **Barnardo's Clackmannanshire Open Door Service** provides a range of services for children, young people and families who are referred for specialist intervention in relation to being in conflict with the law, at risk of exploitation, young people who have substance use issues and young people who are engaging in problematic or harmful sexual behaviours. During 2023/24 the service supported 66 children and young people.
- In October 2023, Whole Family Wellbeing Funding was used to commission **Aberlour Sustain** to avoid children becoming cared for away from their home and family. To date the service has actively supported 16 children/10 families: children on the Child Protection Register and children involved with the children's hearing system.
- **Homestart Clackmannanshire** provides early help to prevent families needing more intensive intervention/statutory measures, providing bespoke package of support based on each family's needs, from parenting groups through to individual support. During 2023/24, 155 families were supported with 77% of parents/carers feeling more confident in their abilities to deal with challenging situations and make positive changes in their lives.
- CORRA Foundation-funded project Circle. The **Family Recovery Outreach Service** commenced service delivery in October 2023 and aims to deliver a whole family outreach service for women, children and their families affected by experiences of domestic abuse, mental health issues, and substance use. The integrated team consists of a senior family outreach worker, therapeutic counsellor and a children's resilience worker. Since October 2023, 16 families, including 32 children have accessed the service.

There are currently 127 children who identify as young carers across Clackmannanshire schools. This number has steadily increased over the last few years due to increased awareness and confidence of children and young people identifying as being a young carer and our work on The Promise to raise awareness of young carers as children and young people who need extra support. During 2023/24, 38 of young carers and young adult carers took part in involvement and engagement opportunities. With support from the Big Lottery, Young Start funded a Young Carers Involvement & Engagement Worker

and Carers Trust funded a Young Adult Carer Development Worker, both of these posts work across Falkirk & Clackmannanshire, supporting young carers to have their voices listened to both on a local and national level and supporting young carers to transition from high school to further education, employment or training and into the Young Adult Carers Project.

5.1.2 Child Protection

Our Interagency Referral Discussion (IRD) process is fully operational and embedded across Forth Valley providing police, social work, health and education. This process supports a shared platform for staff to share information and make informed joint decisions about actions necessary if a child or a young person is at risk of significant harm. Information is shared in a timely manner, safety plans implemented and recorded and there is a clear shared record of necessary actions to ensure the right services are engaged. IRD audits are held on a monthly basis and reflect the high quality of decision making and safeguarding that is being implemented in respect of protecting our most vulnerable children. Our multi-agency audit in February 2024 showed our IRD process was very good with only some minor learning points for partners. Plans are ongoing to introduce a standardised assessment tool across Forth Valley to ensure consistency of evaluation and appropriate feedback is provided to participants. During 2023/24, **153** initial referral discussions were undertaken compared to 171 initial referral discussions in 2022/23, a **decrease of 11%**.

On 31 July 2023, Clackmannanshire's rate per 1,000 children (0-15 years) on the Child Protection Register was **1.7**. This is a slight increase as at 31 July 2022 rate of 1.4 and is a notable reduction from 2021 rate (4.6 per 1,000). This compares to the Scottish rate of 2.3 per 1,000 in 2023 and 2.2 per 1,000 children (0-15 years) in 2022. **Appendix 1 contains further child protection performance data.**

The Scottish Child Interview Model (SCIM) approach for joint investigative interviews with our Forth Valley partners came into effect in February 2024. This trauma-informed, best practice model is helping to improve the quality of the investigative process for children and young people who are at risk of harm. The approach ensures that all interviews take place in a safe, child friendly, age appropriate way and that all children and their families receive the practical and emotional support they require to recover. Feedback on SCIM implementation has been very positive, as identified from the 4 weekly multi-agency audits, where the Joint Investigative Interviews completed by the Forth Valley SCIM team were assessed as being trauma informed, child centred and UNCRC compliant.

The Forth Valley Bairns' Hoose Strategic Group (a partnership with Police Scotland, NHS Forth Valley and the three Forth Valley local authorities) is at the early stage of development of creating a Bairns' Hoose model; a transformational, whole-system approach to delivering child protection, justice, and health support and services to child victims and witnesses of abuse and harm that ensures access to holistic, wrap-around, trauma-informed recovery, support and justice. In the absence of a standalone Forth Valley Bairns' Hoose, the Forth Valley SCIM Team are utilising 'The Meadows' in Larbert which brings together a number of services which provide support for people who have experienced trauma and provides children and young people a comfortable, safe and supportive space to carry out joint investigative interviews. A Bairn's Hoose implementation subgroup has been established to progress this project during 2024/25 with oversight by the Forth Valley Bairns' Hoose Strategic Group.

During 2023 a new scheme was introduced by Police Scotland known as the Philomena Protocol aimed at ensuring officers can trace children and young people reported missing in a timelier fashion. The protocol is primarily targeted towards children and young people living in care facilities and with foster carers. It encourages staff, families, and carers to compile a standardised form of useful information which could be used in the event of a young person going missing. Forth Valley wide, this process commenced in January 2024, strengthening an improved collaborative approach to those most vulnerable and in need of support.

During 2023/24 we have been progressing plans to implement the Respect Programme, a partnership approach designed to ensure a more appropriate and trauma-informed approach to children and young people in residential care who go missing and strengthen police, education, social work and care staff interactions with children and young people in these settings, with a view to improving relationships, reducing missing episodes and delivering better outcomes for children. Respect Programme Training on the principles took place in March 2024 with Clacks Community Officers and Woodside children's house staff and was well received. Guidance for Forth Valley has been developed and an agreed implementation date to roll out this transformative work is expected during 2024.

A multi-agency audit was undertaken by partners in police, social work, education and health which provided Clackmannanshire's Child Protection Committee, the Children's Strategic Planning Partnership and Children's social work service with assurance on the quality and effectiveness of key multi-agency processes and practices; aimed at protecting the most vulnerable children and young people in Clackmannanshire. The purpose of this quality assurance review was to demonstrate compliance with recognised national and local child protection standards, including the effectiveness of the Getting it right for every child (GIRFEC) process and to highlight learning and development opportunities for all partners. Key strengths included the quality of the initial multi-agency response to notification of concerns and the IRD process, assessment of needs and risks and multi-agency chronologies. The review also identified further opportunities to improve practice in single agency chronologies and strengthening the voice of children, young people, parents/carers in key processes such as child planning meetings. An action plan is in place to take forward identified improvements.

Supported by the Children and Young People's Centre for Justice (CYCJ), we are progressing the development of a whole system approach for young people who are involved or on the cusp of involvement with youth or adult justice services, aimed at building rights-respecting services that put children and young people at the heart of reimagining justice. This approach reflects the core components of the United Nations Convention on the Rights of the Child (UNCRC) and aligns with the outcomes of The Promise. A focus on the redesign is the importance of shared language and approach. Training on utilising the Outcome Star, an evidence based tool for measuring and supporting change when working with individuals, has been delivered to children's and justice staff.

Our Justice Services continue to take an active role in supporting Children's Services with youth justice activity during this period of transformation and redesign. Co-working and mentoring opportunities are being utilised to support new members of staff and accredited training in approved risk assessment tools has been accessed alongside training in areas such as the Safe and Together model. A further social worker has been recruited within Children's Services to act as lead professional for young people in conflict with the law, building resilience and capacity within the workforce.

The Children's Services Early Help team in collaboration with Barnardos work with young people who come into conflict with the law. This joint alliance has been highly effective in reducing the level of re-offending for young people through the Early and Effective Intervention (EEI) process. The EEI approach fully supports the re-imagining youth justice work we are progressing in partnership with the Children and Young People's Centre for Justice that ensures that children/young people involved in offending receive appropriate and timely support that is trauma informed, UNCRC compliant and rights-based.

5.1.3 STRIVE (Safeguarding through rapid intervention) team

Core to the Early Help service approach is our STRIVE (Safeguarding through rapid intervention) team which delivers a multi-agency response at an early stage to children, families and adults to reduce risk and increase opportunities for prevention and early intervention. This initiative has continued to receive interest from other local authority areas and the Scottish Government.

The STRIVE team has been focussing on a programme of expanding referral opportunities and strengthening links with as many third sector and partner agencies as possible, including; Family Wellbeing Partnership; Family Support Collaborative; Clackmannanshire Positive Moves (pre employability support); Clackmannanshire Works; Change, Grow, Live and Transform (3rd sector agencies supporting people affected by substance use). A Women's Support Worker continues to be assigned to the STRIVE team and is funded in partnership with Police Scotland, as well as a Perpetrator Support Worker and this post is funded in partnership with Clackmannanshire Housing Services. Caledonian Group Workers in Justice Services have been utilised to provide these assessments, supports and interventions. Through the Community Justice Partnership, the Violence Against Women and Girls Partnership and Justice Services, £3000 funding was secured for video door bells to enhance safety concerns for women affected by domestic abuse.

During 2023/24, STRIVE received **147** referrals with 61 individuals receiving direct STRIVE support with issues relating to financial concerns, mental wellbeing, risk of homelessness, drug and/or alcohol use, and domestic abuse.

5.1.4 Children with Disabilities

During 2023/2024, our Children with Disabilities service received **42** new referrals, an **increase of 29%** compared to **30** referrals the previous year. The team is working with **165** children compared to 139 in 2023. Over the past year, 25 Section **23** assessments² were completed and **16** reviews undertaken compared to **23** assessments and **19** reviews the year before. During 2023/24, 23 young people transitioned to adult care services or were supported on to future pathways, including support from Education services. Support has also been provided to adult services in completing referrals and creating future Self-Directed Support (SDS) packages of care. The team continue to make use of the Whole Family Support Screening Group to access support services and in a timely way. A revised assessment framework has been developed to clarify the process for assessment and allocation of a budget. This has been done to provide greater transparency for families.

The recent feedback from the thematic review of social work services to children with disabilities has highlighted several areas for development nationwide – it is reassuring to note that we are progressing many of these areas already. The participation group, review of budget allocation, review of commissioned services and transition policy are a few examples of areas of work over the past year which aligns with the thematic review recommendations.

Work to improve the experience of young people with disabilities and their families as they grow to be young adults continues to be supported via our multi-agency Operational Transitions Group who review and support the transition plans for young people aged 15-18 years. During 2023/24, Children's Services, Education and our Health and Social Care Partnership developed a new Transitions policy which was approved by Council and the IJB that ensures that young people are identified and assessed in time to provide a smooth and seamless transition to adult service provision.

Providers continue to report that they are working to capacity and many report ongoing recruitment issues which impact on their ability to increase service provision. We continue to liaise with providers to support them with these issues and prioritise accordingly.

The team consists of 2 Social Workers, an Occupational Therapist (part time) a Resource Worker and a part time Team Leader however for 6 months of the last financial year the team has run with only 1 social worker and no Occupational Therapist due to staff turnover and recruitment challenges.

² Under Sections 23 of the Children (Scotland) Act 1995 the Council has a duty, when asked, to assess children/young people affected by disabilities and their carers to determine the needs of the child/young person

5.1.5 Kinship, Fostering, Adoption, Residential Care

Our Family Placement Team is comprised of three registered services: Fostering; Adoption; and Adult Placement (Continuing Care). These services were inspected in October 2023 and significant improvement highlighted within the Fostering and Adult Placement Service with key indicators evaluated as good or very good. The completion of the wider Children's Service redesign increased the capacity of the team, with specific roles identified for adoption support. Further improvement work has been undertaken in relation to the Adoption Service, focused on building strong foundations, community and an early intervention approach to support.

Between January 2023 and June 2024 Clackmannanshire's Fostering Panel reviewed 17 fostering households, 1 new carer was registered, and 1 carer deregistered as a result of retirement maintaining the number of fostering households at nineteen. There continues to be a significant need for additional care provision within Clackmannanshire to ensure children can grow up and remain within their local community, foster carer recruitment is a key priority for the team. There were 79 children looked after outside of the Clackmannanshire area as at 31st July 2024 across various placement types. This is a decrease of 9. We have had no children or young people residing in secure care provision.

The inspection of the Fostering and Adoption services that took place in 2023 noted improvements in permanence planning for children. Between January 2023 and June 2024, 18 children were registered for permanence at panel, 11 were matched with permanent foster carers, and 15 matched with adoptive families. Improved planning for children has been achieved as a result of a dedicated team to support parenting capacity assessments and to progress permanence, particularly for our youngest children to secure stable and caring environments, the role of this team was redefined through the Children's Services redesign and renamed as the Infant Assessment Team.

Clackmannanshire Council continues to promote kinship care as the preferred option for children who are unable to stay at home. Children in kinship care with friends and families represent **40%** of the total number of care experienced children, higher than the Scottish figure of 34%. The role of kinship support for families was strengthened through the Children's Services redesign by locating kinship support within our new early help service. This places more emphasis on early intervention, support for kinship carers and fostering greater links with FGDM at the earliest stage.

Woodside Children's House is a five bed children's house which is managed by the local authority. The house continues to be evaluated as good by the Care Inspectorate, and is well established within the local community. Work continues to build on trauma informed therapeutic approaches to caring for young people, working towards all staff being training at a trauma enhanced level. Approaches to care and managing distress continue to have moved away from use of restraint, reflective of a changing ethos and approach to care.

This year we have continued a strong partnership with the Vardy Foundation and planning is underway to explore models to increase our local provision and accommodation to ensure that we can offer more local support to all of our children and young people within Clackmannanshire, preventing children and young people being isolated from their communities.

Support for young people leaving care continues to be a priority area for improvement within the service, and progress has been noted over the reporting period which is attributed to dedicated Reviewing Officer capacity alongside a review of guidance and frameworks for pathways assessments. Numbers of young people in receipt of pathways plans continues to increase ensuring more coordinated support for young people leaving care.

We continue to welcome unaccompanied asylum seeking children and young people to Clackmannanshire. We have six young people looked after or receiving after care support from Clackmannanshire Council via the UK Government mandated National Transfer Scheme. As our numbers increase staff are building knowledge and working in partnership with other agencies to ensure unaccompanied asylum seeking young people are well supported. Examples of good practice include work across CLD, sports and development, and the third sector to build packages of support

and opportunities for education and training. Challenges in relation to identifying suitable local placements or supported accommodation resources have resulted in some unaccompanied young people being placed out with the area.

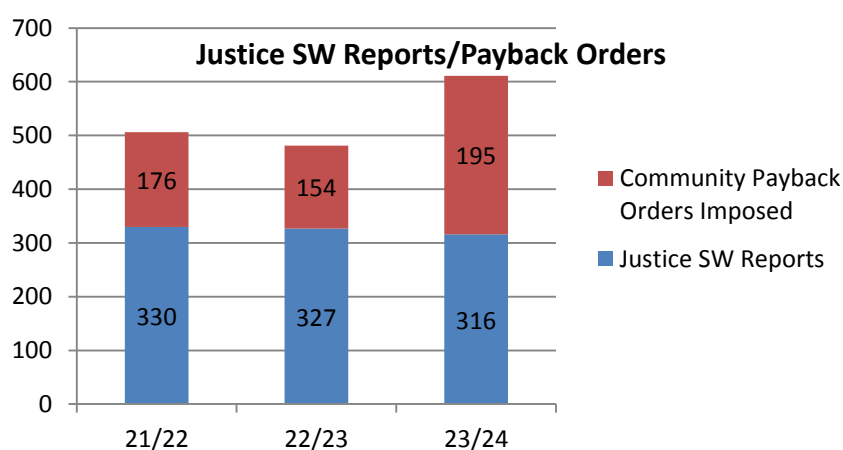
'Oor Clacks Voices' is our participatory group for care experienced children and young people 14-26. The group meets monthly and have contributed to the development of the Language Policy, design workshops, review of GIRFEC reports and child's plans as well as fun activities together building community and belonging.

A strong partnership exists between Who Cares? and Clackmannanshire Council to provide advocacy for children and young people to uphold their rights and ensure that child and young people's views are central to decision making. Focus over the last year has been to raise awareness of advocacy services for care experienced children and for new staff joining the service. Referral rates have increased year on year since 2022. In addition to advocacy support, Who Cares? are delivering 'Communities that Care' approach across schools in Clackmannanshire. This five year project funded by STV aims to ensure that care experienced people are accepted and included and have a sense of belonging within their communities. Training and input has taken place across all three secondary schools in Clackmannanshire, most primary schools and ELCs. This has been in addition to the training undertaken in all schools in relation to The Promise Award accreditation.

5.2 Justice Services

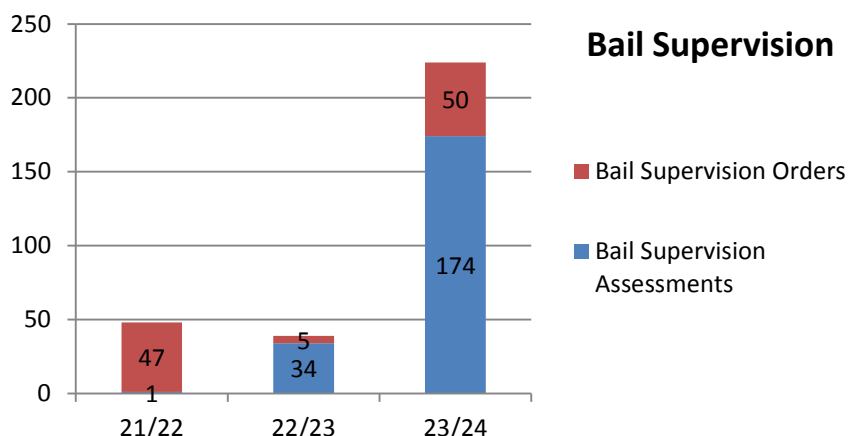
5.2.1 Community Justice Team

For the period April 2023 to March 2024 there were **316** Justice Social Work Reports compiled for the Courts and **195** Community Payback Orders imposed. This compares to same reporting in 2022/23 where there were 327 Justice Reports completed for the Courts (3% decrease) with **154** Community Payback Orders imposed, a 21% increase.



With Alloa Sheriff Court returning to full operation following the COVID 19 Pandemic we have continued to develop our strong working relationship with the Court, attending regular Court User Liaison Groups, working closely with Sheriffs to offer comprehensive assessments and reports as well as developing services available as part of community based disposals. In line with Community Justice Scotland's aims for earlier interventions and greater use of community based disposals, we saw a significant increase in Bail Supervision assessments with **174** assessments requested and **50** Orders imposed. In order to support this increasing demand the Justice Team employed an additional full-time permanent dedicated Justice Officer who attends Court on a daily basis as part of our ongoing commitment to develop our service around local needs and our early intervention agenda. This new

position has led to increased Justice Service presence at the local Court improving services to clients and ensuring quicker turnaround of bail assessments.



Eight Structured Deferred Sentences were imposed during 2023/24 with this pre-sentencing disposal being offered in line with Justice Services nationally in order to provide the Courts with additional options pre-disposal. By offering Structured Deferred Sentences we can potentially reduce the length of Community Pay Back Orders whilst still providing appropriate levels of intervention, supports and access to appropriate agencies.

Whilst Drug Treatment and Testing Orders remain a community based disposal for the Courts, we continue to see a decline in their use and the need for such Orders, only one Order was imposed in 2023/24. Clackmannanshire, in partnership with other local authorities within Forth Valley, are reviewing how these Orders are facilitated and are exploring ways in which a more tailored and cost-effective case management plan can be offered to the courts.

There were **58** Diversion from Prosecution assessments undertaken with **52** commencing and **32** successfully completing. Diversion learning and briefings forums took place with Justice Officers to continue to explore processes, practice and development.

In 2023/24, the electronic version of the Level of Service/Case Management Inventory (LS/CMI) risks/needs assessment relaunched and these assessments have resumed electronic completion. The LS/CMI is a comprehensive general offending assessment and management planning method. It is used by all community and prison based justice social work services to aid decisions on the level and focus of intervention with people (aged 16+) who have been involved in offending.

A second rollout of Outcome Star training (outcomes focused and client led tool) was held in January 2024 involving a range of staff across Justice, Children's Services and Housing. This tool is used by Justice Officers working alongside people on Diversion, Voluntary Throughcare, Bail Supervision and Structured Deferred Sentence. The Outcome Star is also used by partner agencies and promotes a shared language and focus for intervention that is client centred and transferrable. This shared approach also further supports partnership working and allows those being supported to recognise strengths and developments.

Unpaid Work operated 7 days per week and up to three evenings per week, an increase made possible by recruitment of an additional part time unpaid work supervisor. During this period **15,681** unpaid work hours were imposed by the Court (compared to 11,332 2022/23) and 8090 hours of unpaid work were undertaken.

Our unpaid work team continues to support the local community in multiple areas and has recently taken to social media to promote areas of work that have positively impacted all areas of the community. Examples of work have included:

- maintenance of the pathway network across the County;
- flood prevention; monthly clearing of the “hakes” that carry water from the Ochil hills;
- supporting local community halls; regular “set ups” (preparing the halls for community events);
- repair and renovation of benches across the Local Authority area;
- building and erection of sheds and weather shelters for local nurseries and primary schools;
- Hawkhill Community group – dismantling garden pergolas, raised beds, clear out old earth, dig foundations for Dry Stone Dyke as part of a partnership with Forth Valley College;
- Ochil Youth Community Improvement – Ben Cluech project - recycle Children’s play equipment cleaned and donated to local family centre, dismantle sheds, raised beds, remove unsafe planters, and prepare grounds in preparation for community group redesign.

The Community Justice Team has continued to develop over the past year as a multi disciplinary co-located Justice hub with partner agencies including Health (Community Psychiatric Nurse), Addiction Recovery Worker (ASC), and Change Grow Live (CGL) being co-located at the Justice office on various days. Joint working has ensured that those supported by Justice Services have quicker access to services on site, avoiding additional referral periods and the need to travel to other locations. This integrated approach has allowed timely access to identified services whilst promoting partnership working.

To address Domestic Abuse in Clackmannanshire the Justice Services Team continued to work in partnership with the Scottish Government, key partners and Elected Members to provide supervision, support, guidance and resources to address this significant area of concern. Justice Services has also utilised their specialist training and experience in Domestic Abuse and Gender Based Violence to provide earlier targeted interventions. This was further strengthened by the successful recruitment of a dedicated full-time Violence Against Women and Girls Coordinator.

Whilst continuing to deliver both the Moving Forward: Making Changes (now MF2C) and Caledonian statutory Programmes in partnership with Stirling Justice Services and SACRO, Justice Services continued to provide the Non Court Mandated Caledonian Programme which is in its fourth year of development and delivery. One recipient of the programme said *“Caledonian was good at making me think about my how my own childhood affected my behaviour as an adult and how I choose to be a dad to my girls now”*.

In 2023/2024, **37 couples** who were involved in some kind of incident which attracted the attention of the police (non-criminal) involving conflict or potentially abusive behaviours, were referred by STRIVE (Safeguarding Through Rapid Intervention) with contact made (or attempted) with **74** people. In addition, we have continued to provide a Women’s Worker and perpetrator support to the STRIVE Team co-funded by Police Scotland and Clackmannanshire Housing Services and further added to this by recruitment of an additional Women’s/Tenancy Support Worker. This early, non court mandated intervention is aimed at providing targeted support to prevent escalation and further harm whilst also providing appropriate safety planning. A Men’s Self Referral helpline, offering high quality evidenced based support to men who have concerns regarding their behaviours is operational with information posted through Clackmannanshire’s social media and partner organisations. In 2023/24 Justice Services also ran a weekly Women’s Group (co-facilitated with Women’s Aid, SHINE and Apex) and a Road Traffic Group.

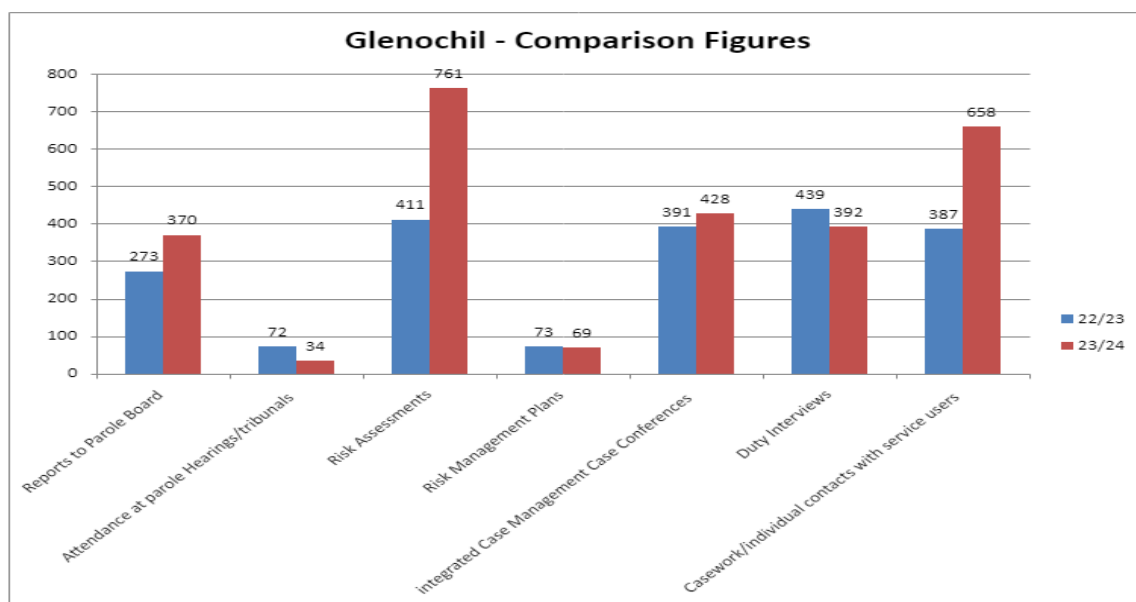
Utilising the skills and training of staff within the Justice Team to provide earlier intervention through additional funding provided by partners such as Housing, Police Scotland and the Community Justice Partnership has been an effective use of shared resources and finances to address the high domestic

abuse rates within Clackmannanshire. Recent published figures have suggested a decrease in reported domestic abuse incidents within the Clackmannanshire area. Between April 2022 to March 2023, there were **656** domestic abuse incidents reported to the Police. This compares to the same reporting period in 2021/22 of 740, which is a reduction of 11.4%. This has resulted in an improved ranking of ninth highest in Scotland, from the previous position of 4th highest, demonstrating a considerable shift in the space of one year. Figures for 2023/24 have yet to be published.

5.2.2 Glenochil Prison Based Social Work Team (PBSW)

During the period 2023/2024, the Social Work team at HMP Glenochil continued to provide statutory Social Work services to the Scottish Prison Service (SPS), with a focus on risk assessment, risk management and public protection. As HMP Glenochil is a national establishment, the Social Work Team continues to liaise with other prison based social work teams throughout the prison estate as well as Justice Services across all 32 local authorities.

Although the prisoner population in HMP Glenochil fluctuated over the year because of operational requirements across the SPS estate, overall prisoner numbers have increased in line with the national prison population. This presents challenges to the team due to the consequent increase in demand of statutory work including reports to the Parole Board, attendance at Parole Board Oral Hearings, risk assessment and risk management planning, and participation in multi-disciplinary processes focusing on pre-release, case/risk management, progression and intervention assessment.



A successful recruitment drive in 2023 saw the team reach full capacity and a redesign of the service, supported by SPS colleagues, resulted in the appointment of a Senior Social Worker to support the Team Manager. Senior SPS managers in HMP Glenochil, also provided additional office space, fixtures and fittings and IT equipment to accommodate the fully staffed team.

The successful recruitment of experienced staff and the appointment of a Senior Social Worker through 2023 enabled the team to work with our SPS partners on the design and implementation of a recovery plan. This plan focused on addressing the backlog of reports for the Parole Board that had accumulated due to insufficient resources over time, reintroducing Social Work attendance and risk assessment completion for initial Integrated Case Management meetings, as well as resuming attendance at other forums such as the Multi-Disciplinary Mental Health Team meetings, Programme Case Management Board meetings, and Frailty and Palliative Care meetings.

In 2023/24, the Care Inspectorate and HMIPS undertook a thematic review of PBSW with participation from PBSW teams across Scotland. This review focused on governance, leadership and direction; partnership working, including commissioning arrangements and resourcing; policies, procedures and guidance; management and support of staff and, performance management and quality assurance. The outcomes of this review will help to develop and shape service delivery for the SPS, PBSW team and partners going forward. The team continues to work in partnership with SPS colleagues to ensure that resources are directed towards the highest risk prisoners and that the team remains fully resourced to meet the future demands of an increasing prison population and the changing needs of our service users.

5.2.3 Community Justice Partnership

The Community Justice Partnership (CJP) published the new Clackmannanshire Community Justice Outcome Improvement Plan 2023-2028 (CJOIP) in December 2023. The Plan was presented to both Clackmannanshire Council and to the local Community Planning Partnership (The Alliance) and was approved and well received by both. Councillors and community planning partners gave positive feedback on the approach that was used to develop the CJOIP through meaningful lived experience engagement.

The Community Justice Partnership (which the CSWO is a member) continued to operate a co-chairing arrangement that is shared between Clackmannanshire Council Justice Services, Clackmannanshire & Stirling HSCP, Police Scotland and the Resilience Learning Partnership a locally based; lived-experience led social enterprise. This structure supports and develops ownership of CJP priorities across the partner organisations and ensures that lived experience is at the core of the partnership's work. In addition, planning has started to develop a Lived Experience Panel to provide advice and support to the CJP and its working groups. This will be underpinned by a trauma-informed, supportive and adaptive infrastructure.

During the reporting period, the Community Justice Partnership continued to develop a more prevention and early intervention focused approach through a range of initiatives and further co-location of services, including non-court mandated Caledonian and recovery support. The Addiction Recovery Worker, based within Justice Services, provides joined up support to those involved in the justice system with substance use issues.

The CJP has formed 2 short-life working groups to facilitate progression on key priorities within the CJOIP. The Diversion Short Life Working Group has supported 2 small tests of change to maximise use of supportive approaches as early as possible within the justice journey. This aligns with the national priority action to 'support the use of direct measures and diversion from prosecution'. Positive progress has been made in further raising awareness of diversion options and supports available through close partnership working between COPFS, Police, Clackmannanshire & Stirling Alcohol & Drug Partnership and Justice Services.

The Community Justice Partnership are in the process of planning a Public Attitudes to Crime Survey to ascertain views and identify where the CJP could focus efforts to support public understanding and confidence in community justice. A short life working group was formed to develop the survey and focus groups.

In line with the nationally determined outcome, there was an 800% increase in bail supervision cases in Clackmannanshire in 2023/24. This increase is welcome and positive but does have an impact on support services within the community. To support this, Justice Services recruited a new Bail Officer in December 2023 to carry out bail suitability assessments and work with community partners to ensure supports are in place.

The Community Justice Coordinator is an active member of the Violence Against Women and Girls Partnership, Local Employability Partnership, Family Wellbeing Partnership Working Group, Alcohol and Drug Partnership, Children and Young People's Strategic Partnership and Public Protection Learning and Development Sub-Group. Having developed close working relationships between the CJP and other key statutory and non-statutory partnerships locally, there continues to be greater alignment of strategic and shared priorities. In addition, the coordinator is a member of the national Diversion from Prosecution Working Group who are supporting the review and development of the new Diversion guidelines.

5.2.4 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA administration and process within Clackmannanshire Council forms part of Forth Valley MAPPA along with the other local Responsible Authorities; Falkirk Council, Stirling Council, Police Scotland and NHS Forth Valley. The other national Responsible Authorities who complete the MAPPA partnership are Scottish Prison Service (SPS) and the State Hospital.

MAPPA governance and scrutiny are delivered across a number of different strands within Forth Valley MAPPA. The MAPPA Strategic Oversight Group (which the CSWO is a member) and the MAPPA Operational Group both meet quarterly; the Independent Strategic MAPPA Chair also attends the regular meetings of the joint Clackmannanshire and Stirling Public Protection Chief Officers Group and the National Strategic Oversight Group. In addition, MAPPA case management within Clackmannanshire is also subject to a quarterly case file audit when MAPPA processes and outcomes are reviewed against nationally agreed criteria.

During the year under review 2023/24, MAPPA partners continued to deliver services and work together to identify and minimise risk against a back drop of challenges in the recruitment and retention of suitable experienced staff, in a period where the number of MAPPA cases are increasing. During this period any case review work undertaken clearly identified staff across agencies working together to ensure key assessments and contact with clients were maintained.

The proposed introduction of the Multi Agency Public Protection Service (MAPPS) system, which is designed to replace the current ViSOR system is being progressed, nationally, with an expected implementation date of 2025/26. Forth Valley MAPPA partners are represented and have input at relevant forums in relation to this. MAPPS is a standing item at the Chief Officers Group (COG) and the Forth Valley MAPPA Strategic Oversight Group (SOG) where any developments or updates are shared.

The 4 MAPPA administration/support staff posts are fully funded by the Scottish Government with Clackmannanshire Council employing and providing business support on behalf of Forth Valley MAPPA.

Case Numbers by MAPPA Level and Category as at 31/03/24

| | RSO – L1 | | RSO – L2 | | Cat 3 | RP |
|----------|----------|-------------|----------|-------------|-------|----|
| | JSW-Led | Police-only | JSW-Led | Police-only | | |
| 31/03/24 | 21 | 33 | 0 | 0 | 1 | 3 |
| 31/03/23 | 19 | 39 | 0 | 0 | 0 | 3 |

* RSO and Cat 3 figures are cases being managed by FV MAPPA – both in community and custody

** RP figures are cases living in the community and hospital (both local and national)

All cases of sexual or serious re-offending are subject of review to identify either learning opportunities or areas of good practice. During the period under review two case of sexual re-offending by a MAPPA client was recorded in the Clackmannanshire area. This was reviewed by the Independent Strategic MAPPA Chair, the Chair of the MAPPA Operational Group and the MAPPA Co-

ordinator with no significant learning or need to proceed with any additional MAPPA reviews identified.

Within Clackmannanshire, Level 2 MAPPA meetings are chaired by either the Justice Social Work Service Manager or the Police Scotland Area Commander with Level 1 Meetings being chaired by a JSW Team Manager. Whilst a few meetings have returned to face to face, the majority of meetings continue to be conducted via secure online video conference facilities, due to the efficiencies this has brought, mainly in terms of travel time and costs.

Local MAPPA training/awareness for staff involved in the MAPPA process has continued to be delivered both via MS Teams and “in person”. Recent training has included a refresher session for Social Worker staff, Level 2 meeting reps and new Level 1 chairs.

Future Developments

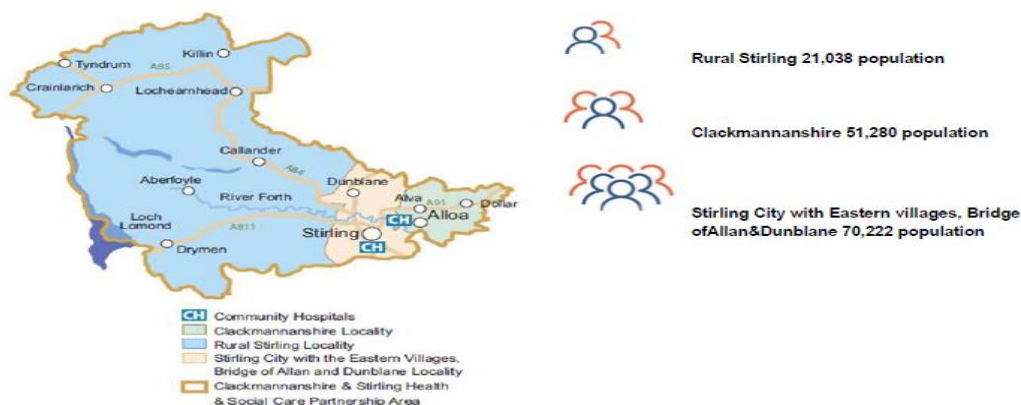
A new Forth Valley MAPPA Business Plan and Risk Register 2024-2027 has been developed which sets out the plan for the next three years. This is a change to the previous Business Plan format as it now incorporates a Risk Register directly linked to the Forth Valley MAPPA objectives. This will be a dynamic document, with the risk ratings being updated at each MAPPA Strategic Oversight Group meeting; thus providing a “live” overview of the delivery of all the Forth Valley MAPPA objectives and any areas which require action.

The proposed introduction of Multi Agency Public Protection Service (MAPPS) system will continue to be monitored as this will have potential implications for how MAPPA partners deliver their services and in particular share information.

As stated above the MAPPA admin function is funded directly by the Scottish Government. The budget allocation has now remained static since 2020; given the increasing staff costs and administration fees being applied it has been projected that the current staffing levels may not be capable of being maintained beyond the next financial year. In line with Section 27 award funding, the MAPPA budget has received no uplift for the fourth consecutive year. There have been some changes to the MAPPA staffing arrangements during this year, which has resulted in a small budget saving; actual saving and any future savings will be dependent on the pay award for 2024/25. However, there has been a reduction in overall staffing hours of around 9%. It is anticipated that the staffing costs for 2024/25 may utilise the entirety of this budget and that there may be a projected overspend for the financial year 2025/26 should there again be no increase in funding. This projection does not include other essential costings such as training and development and various practical fees.

5.3 Adult Services - Clackmannanshire and Stirling Health and Social Care Partnership

Clackmannanshire and Stirling Health & Social Care Partnership (HSCP) are set out in the map below. The total population is approximately 142,540. The population of Clackmannanshire is 51,540.



Clackmannanshire Council plays an active part in the leadership and management of the Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) through participation in the Integration Joint Board (IJB) and the HSCP Transforming Care Board.

The Integration Joint Board is made up of Elected Members from Clackmannanshire and Stirling council areas, as well as NHS Forth Valley Health Board nonexecutives, Third Sector representatives, service users, unpaid carers alongside professional advisors and people by virtue of their position, including the CSWO. Clackmannanshire Adult social work and social care services are delivered and managed by the Health and Social Care Partnership (HSCP).

The HSCP Transforming Care Board, chaired by the Interim Chief Officer, is delivering a programme of transformational work which supports staff and services to better meet the demands of our changing population and support a 'Needs Led, Resource Bound' approach with clear alignment to the Strategic Commissioning Plan 2023-33 priorities. The programme of work reflects legacy commitments linked to local care home capacity as well as recent activity to further integrate community health and social care services. The focus being on modernisation, redesigning the model of care and support locally, and meeting legislative requirements such as carers and self-directed support. Throughout 2023/24 this programme of transformation continues to be progressed.

Key achievements:

- Establishing the HSCP Commissioning Consortium.
- Developing the Alcohol and Drug Partnership Commissioning Plan.
- Developing an IJB Self Directed Support policy for all services and implementation plan.
- Strengthened our three Locality Planning Networks.

5.3.1 Care Home Assessment and Review Team (CHART)

The Care Home Assessment and Review Team (CHART) was first established to support care homes to support people who become unwell in the care home to avoid admissions to hospital and support care home residents, their families and staff throughout the Covid-19 pandemic. The team has subsequently evolved to provide support for care homes whilst in Large Scale Investigations (LSI) and to provide advice to care home staff to help maintain high quality and standards of care for care home residents.

5.3.2 RAPID and Rural Care at Home Assessment teams

Over the past year, the new Rapid Team has been created, transforming how we support people to avoid being admitted into hospital and making the move from hospital to homely setting quicker and more efficient. The Rapid Team brings together the existing Reablement Team and Crisis Care Team into one multi-disciplinary team. The Rapid Team also includes the Hospital to Home team who support earlier discharges from hospital while people wait for their package of care support to be implemented. Referrals come into the Rapid Team who can quickly identify the best pathway for that individual, for example, if someone needs care support at home, physiotherapy or adaptations to their home. Assessments are carried out with the person in their own home or homely setting, where they are more relaxed and familiar, so the assessment is more accurate. The staff all work closely together and flexibly to support and facilitate both discharges from hospital and preventing admissions to hospital. Recruitment of community-based roles has been successful in Clackmannanshire and Stirling urban areas but more challenging in rural Stirling.

5.3.3 Achieving care closer to home

Achieving care closer to home shifts delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. The HSCP has implemented meetings with external providers to develop geographical patch-based working, which provides some efficiency gains and release capacity back into the system.

Our services support people to live full and independent lives in their home or homely setting, by enabling people to live how they want to live confidently. Where someone needs more support, we help recovery and reablement, and reduce or avoid hospital stays where appropriate. This includes finding alternatives to admission to hospital and discharging people from hospital efficiently when they are ready to leave. District nurses provide support to people and their families in the patient's own home. This supports a reduction in hospital admissions. They also bridge packages of care to support the person until a care provider can pick up the package.

The HSCP for 23/24 have provided on average 1,972 packages of care a week and 32,805 hours per week. This has increased since 22/23 for the HSCP by 2416 hours of care and 85 packages of care.

| | Clackmannanshire | | Stirling | | HSCP | |
|---|------------------|---------|----------|---------|---------|---------|
| | 2022/23 | 2023/24 | 2022/23 | 2023/24 | 2022/23 | 2023/24 |
| Average Hours of Care and Support per week (Excl sleepover and waking night) | 11,449 | 12,347 | 18,941 | 20,458 | 30,389 | 32,805 |
| Average Packages of care per week (Excl sleepover and waking night) | 767 | 785 | 1,120 | 1,187 | 1,887 | 1,972 |

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however challenges in terms of demand and staff shortages (experienced nationally), is an issue we face.

| | |
|--|-------|
| People receiving help with personal care | 1,879 |
| People receiving help with non-personal care | 458 |
| People with a community alarm | 3,034 |
| People receiving equipment | 4,430 |

5.3.4 Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them.

| HSCP totals | 2022/23 | 2023/24 |
|--|---------|---------|
| Number of people receiving reablement support on 31 st March ³ | 222 | 198 |
| Reablement Admissions in year | 421 | 467 |
| Number of people who left reablement in year ⁴ | 363 | 591 |
| % of people who required no care after reablement | 31% | 26% |
| % of people who required reduced care after reablement | 33% | 31% |
| % of people who required reduced or no care after reablement | 64% | 57% |

³ This includes active service users on 31 March

⁴ This includes the number fully independent, reduced care, increased care and same care hours.

5.3.5 Support for Carers

The valuable and notable work undertaken by carers is recognised and the importance of the need to support carers in order to prevent crisis through breakdown. There have been challenges with delivering short breaks and respite as a result of the pandemic. A Carers' Investment Plan has been developed and agreed by the Carers Planning Group and a new Carers Lead and a Short Breaks Co-ordinator have been recruited who have started to review the current Carers Strategy and the Carers Support Framework. Two Carers centres - Stirling Carers Centre and Central Carers (who cover Clackmannanshire and Falkirk) are funded by the HSCP to support carers in their caring roles and also carry out Adult Carer Assessments. In 2023/24, 530 new adult carers were registered with both carers centres with 496 adult carer support plans were completed by the Carers Centre and Adult Social Care completed 216. In total there are 2686 carers registered at the carers centres.

By listening to carers across the area, digital approaches to compliment the support provided by the Carers Centres were explored and resulted in the introduction of Mobilise digital supports for Carers. This provides access to virtual meetings, telephone support and a wide range of advice and guidance to support them in their caring role and improve their health and wellbeing. <https://support.mobiliseonline.co.uk/clackmannanshire-and-stirling>

5.3.6 Self-Directed Support (SDS) Re-design

The HSCP has developed a revised approach to SDS. The Self-directed Support Policy has recently been agreed by the Integrated Joint Board in June 2024 alongside accompanying directions issued to both Councils to implement the policy. The SDS steering group has been established which consists of partners, HSCP staff, children and families staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting.

The HSCP is developing a new assessment tool, equivalency model and support planning documentation which is being developed to align with the spirit of the legislation. Alongside this is development of future performance indicators for Self-directed Support. Whilst data shows the majority of supported people and carers have their care and support delivered through Option 3 this provides limited information. Work is ongoing with staff to promote that there is no default option under Self-directed Support. All of the four options are equally valid. What is important is that each supported person is informed of the four Self-directed Support options and are able to select the option that is right for them. The focus will therefore be on capturing data such as whether individuals have been informed of Self-directed Support, have they been able to access their chosen option and (at point of review) whether their outcomes have been achieved.

Staff briefings have been undertaken with staff across the HSCP to outline the revised approach, with a focus on the values and principles of Self-directed Support. Further training and development opportunities are currently in development.

| As of 31 March | 19/20 | 20/21 | 21/22 | 22/23 | 23/24 |
|------------------------|-------------|-------------|-------------|-------------|-------------|
| Option 1 | 56 | 59 | 67 | 89 | 97 |
| Option 2 | 56 | 60 | 69 | 92 | 93 |
| Option 3 | 4273 | 4389 | 4152 | 3888 | 4579 |
| Option 4 | 133 | 95 | 109 | 130 | 169 |
| All SDS options | 4518 | 4603 | 4397 | 4199 | 4935 |

5.3.7 Transitions for young people with disability into adulthood

The Transitions for young people with disability into adulthood policy was agreed in January 2024. Young people with additional support needs hope for the same things as other young people; to be

independent, to have a voice and a social life. It is important that the transition from children's services to adulthood is as seamless as possible.

A young person with additional support needs (ASN) may receive support for their needs throughout their time at school. When a young person is due to leave school and children's Social Work Services, it is essential that the transition is well planned and directed around the wishes of the young person. Engagement with young people, their families and staff found that this is an immensely stressful time. As well as planning and multidisciplinary working, access to good information at their fingertips was key to helping young people and families navigate the transition and life change. We are working to develop webpages specifically for young people, their families and carers to support this life stage.

5.3.8 Dementia

We aim to support people living with dementia to live well within their own communities following diagnosis as well as reducing the amount of time people with dementia spend in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with Dementia, their family and carers support. In 2023/24 there were **192** new referrals to the HSCP adult social work for people with a Dementia diagnosis. Some individuals go on to receive one or more services from adult social work services. There a number of third sector organisations commissioned to support people with dementia and their carers in relation to post-diagnostic support with **456** people being supported at the end of March 2024. Town Break is a local charity that supports people living with Dementia and their carers. Trained, supportive and committed staff and volunteers work with other organisations to help support people with dementia.

5.3.9 Palliative and end of life care

Clackmannanshire and Stirling Integration Joint Board, Falkirk Integration Joint Board and NHS Forth Valley agreed a joint approach to develop and produce a Strategic Commissioning Plan to commission community palliative and end of life care across Forth Valley. This is a whole system partnership approach to identify need in particular areas of health and care provision, and agreeing how to provide services to meet that need. A programme of in-person engagement meetings hosted by the Interim Chief Officer and online surveys will inform the strategic commissioning plan which will be presented to the Integration Joint Board in 2024-25.

5.3.10 Alcohol and Drugs

Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) have continued to work with the Clackmannanshire Social Work services so as to improve outcomes and reduce the risk of substance use harms. The development of a Naloxone policy for Clackmannanshire Council was supported by the ADP and social work colleagues and has provided for more uptake of this potentially life-saving intervention, with increased uptake of training following its introduction in 2023.

Additionally, the ADP has invested in a Substance Use Social Work team as a test of change for 2 years to support people on the threshold of Social Work intervention, alongside the STRIVE model. The team became active in December 2023 and has been contributing to operational delivery and strategic planning as we develop a multidisciplinary, recovery-oriented approach as required under the national Medication Assisted Treatment (MAT) Standards, and other strategic guidelines, that ensures people have immediate access to the treatment they need with a range of options and the right to make informed choices. Progress continues to be made to implementing these new standards for drug and alcohol treatment systems, through collaborative working across the whole system.

The ADP Commissioning Consortium has considered lived and living experience and performance data to develop recommendations for the modernisation of our system of treatment and care. In November 2023 the IJB agreed proposals for future third sector contracted delivery of specialist substance use

treatment aligned to MAT Standards. In addition, the consortium agreed the re-contracting of family support aligned to the Whole Family Approach Framework and whole system strategic drivers including The Promise and Children's Services Plan.

5.3.11 Technology Enabled Care (TEC)

Work is progressing well to plan and organise the changeover of all Analogue Telecare Equipment to new digital units and peripherals. This includes the ability to link telecare unit to the new inter-linked smoke and heat alarms already in place in all council houses and some housing associations across both partnerships therefore removing the need to fit additional smoke and heat alarms. This will allow the service to offer smoke and heat alarms to all service users. Service users no longer require having multiple duplicate detectors in their properties avoiding confusion and unnecessary devices.

5.3.12 Locality Planning Networks (LPNs)

Three locality planning groups have been established and developed for each of the Clackmannanshire and Stirling Health and Social Care Partnership's three localities: Clackmannanshire, Stirling (Urban) and Stirling (Rural). The groups have been meeting bi-monthly to produce a locality plan for their respective areas. These locality plans were approved at the IJB and are being progressed. The Locality Planning Networks are an opportunity to engage with communities and is open to members of the public, people working in our localities, health and social care professionals and people managing services within the area. Each LPN has an independent Chair responsible for engaging with communities and discussion and providing leadership for local planning of informal service provision.

Clackmannanshire Locality Planning Network Priorities

Issues of alcohol and drug use across Clackmannanshire.

Supporting and promoting Mental Health and Wellbeing.

Addressing Health Inequalities.

Clear shared communication on roles across community health and care services shared across communities.

2024 Programme of Locality Planning Networks

Health Improvement - Alloa

Caring in Clackmannanshire - Alloa

Accessing Service - Bowmar Centre, Alloa

Mental Health - Tillicoultry

Alcohol & Drugs - Sauchie

5.3.13 Ethical Commissioning

Clackmannanshire and Stirling HSCP have developed a collaborative approach to understand, plan and commission local services and care and support. There is a focus on ethical commissioning, of choice and control and the principles of Human Rights-Based, to ensure we are future proofing the commissioning model to comply with current and future policy direction.

The Commissioning Consortium is the basis for co-production of service design with meetings involving supported people and their representatives, current third & independent sector providers, future providers and internal services. The aim is to create, develop, maintain and grow high quality service delivery. In the past year, there has been a focus on carers' support, alcohol and drug partnership

funding priorities, dementia support and palliative and end of life care support with a new programme focused on mental health and well-being underway. This approach relies on a partnership with the third and independent sector, people with lived experience, carers and their representatives as key influencers and partners in the planning and commissioning of services, and HSCP delivered services.

There has been interest from Scottish Government colleagues as this approach aligns to current policy directives linked to human rights legislation as well as interest from IJB Chief Officers Network nationally.

5.3.14 Mental Health Officer (MHO) Service

The Mental Health Officer team continues to experience challenges due to the increasing amount of statutory work, which is being experienced nationally. Despite this demand, the MHO service has continued to meet the challenges it experiences to ensure that statutory priorities are met. The service successfully increased the number of MHO qualified staff in the council with two of our Adult Care social workers having achieved the MHO Award this year.

The Mental Health Officers undertake all of the Private and Local Authority applications for the Clackmannanshire Council area. We continue to operate a waiting list for allocation of an MHO to complete suitability reports for private and CSWO guardianship applications. Requests relating to an individual in hospital or on the delayed discharge list or are a renewal, are prioritised. The MHO's also undertake statutory work under the Mental Health (Care and Treatment) (Scotland) Act 2003 and Criminal Procedure (Scotland) Act 1995. For both Short Term Detention Certificates and Compulsory Treatment Orders granted Clackmannanshire continues to sit above the Scottish Local Authority Average per 100,000 of the population. The Mental Welfare Commissions Monitoring report from October 2023 recorded a Scottish Local Authority Average for Short Term Detention Certificates of **84.8 per 100,000** with Clackmannanshire Council reporting **102.8 per 100,000**. For Compulsory Treatment Orders the Local Authority Average was **29.6 per 100,000** with Clackmannanshire Council reporting **36.9 per 100,000**.

The main challenge currently faced is capacity, as there continue to be vacancies across Adult Care Social Work. Vacant posts across Adult Care are being actively recruited to. Increasing the MHO workforce remains a priority; however, we had no applicants for the MHO Award 2024/2025.

Capacity across the workforce is impeding the service's ability to meet statutory supervisory responsibilities. During the period of April 2023 until March 2024, a new procedure for all staff undertaking Adults With Incapacity Act (AWI) work has been developed and implemented across Adult Care Social Work Services. This is to ensure a consistent and Human Rights based approach across Adult Care. This is across Clackmannanshire and Stirling Health and Social Care Partnership. The implementation of the HSCP AWI Act procedure remains under review and ongoing development.

MHO service priorities for 2024/25:

- Working group in place reviewing the supervision of CSWO and private guardianships. This has identified training needs and is being actioned by service management and the MHO team leaders. Once the training briefing have been fully developed these will be rolled out, focusing on all adult care teams and the Children with Disabilities team.
- A review of the private and CSWO Guardianships has taken place. The MHO Team business support staff and Mental Health Team Leader have oversight of the Private and CSWO Guardianships in Clackmannanshire Council. Outstanding reviews have been identified and a working group is in place to devise an action plan.
- Increasing our MHO workforce. Nationally there continues to be a shortage of MHO's. A focus on increasing awareness of the MHO Award, ensuring social workers across Adult Care, Justice and Children Services are aware of the development opportunities and the role of an MHO.

5.3.15 Inspections of registered adult care services

There were 4 registered service inspections across the Clackmannanshire and Stirling HSCP during the reporting period of 2023/2024. Within Clackmannanshire, this included Menstrie House (inspection completed 25/05/2023) and Clackmannanshire Reablement and Technology Enabled Care Service Housing Support Service (inspection completed 11/01/2024) where both council run services received grades of Good and Very Good.

5.3.16 Adult Support and Protection (ASP)

The Adult Support and Protection (Scotland) Act 2007 deals with the support and protection of adults at risk of harm as defined by the three point criteria. In terms of local governance structures the Clackmannanshire & Stirling Adult Support and Protection Committee (ASPC) monitors and reviews what is happening locally to safeguard adults and ensure that services are fulfilling their statutory obligations. The ASPC is made up of senior staff from many of the agencies involved in working with adults at risk of harm and there is shared multi-agency risk register to ensure adequate overview of Adult Support and Protection (ASP) activity and that local practice and risks are managed effectively. The CSWO attends and contributes to the work of the ASPC and the Public Protection Chief Officers Group which also oversees and provides scrutiny in relation to local ASP data and workforce reports. The Council and partners are experiencing volatility across their workforce with recruitment and retention issues and loss of experience. Work to mitigate risks is taking place on a single agency and partnership basis and there is a focus on the issues and actions being taken within the ASPC. All partners agree this is a challenging and ongoing issue as reflected on the risk register and this is an area of business under constant review by the Public Protection Chief Officer Group.

There are a number of ASP sub-groups aligned to the ASPC namely the Performance and Quality Information Group which analyses ASP data across the local area; Participation and Engagement Subgroup which focuses on working with local agencies/organisations and the newly formed Multi-agency Case Review Sub-Group which considers all learning review notifications, makes recommendations whether to proceed to a learning review and provides scrutiny to any commissioned reviews or actions plans. The implementation of this sub-group has been hugely successful with key personnel attending from the Council, Police Scotland, NHS, Scottish Fire and Rescue and is chaired by the ASPC independent chair. The group is able to focus on learning review notifications alongside escalating risk and promote effective multi-agency learning, collaborative practice, communication and cooperation between agencies.

This increased support has been of vital importance in the context of our practitioners continued demand to respond to the sustained increase in referrals experienced following the COVID-19 pandemic in 2021/22 and 2022/23. In terms of annual ASP referrals there were **687 in 2023-24** compared to **768 in 2022-23** which represents a 10.55% decrease in comparative years. However in context, this was preceded by a 66% increase in referrals the previous year **461 in 2021-22**. The referral increase has resulted in additional workload for operational practitioners without a corresponding uplift in staffing ratios which has been a significant challenge and placed further pressure on Council Officers. However we have prioritised supporting the workforce with good quality training, learning, and shared development opportunities. We plan this support by responding to their feedback, our data analysis, and the outcomes of quality assurance activity. This also resulted in a number of bespoke training events being commissioned including:

- **Protection Order Training** – subject matter expert delivered to Council Officers, Police Scotland and Council Solicitors.

- **51 Shades of Capacity** – subject matter expert delivered to HSCP staff including hospital staff and medics.
- **ASP Case Conference Chair Training** – commissioned in response to there being no locality/service managers in post to chair meetings. 100% attendance achieved by all team managers.
- **AWI Training** - lack of knowledge about legal authority to intervene, hospital discharges and fulfilling legislative duties (CSWO guardianships). An identified need following a large scale investigation into an NHS ward.
- **Hoarding Training** – Identified local and national need in response to a high number of significant case and learning reviews (CI report) – **72 attendees at Alloa Town Hall.**

In relation to ASP key processes, there was a targeted piece of work in Clackmannanshire with respect to convening ASP Case Conference when required (an improvement action from the national ASP Inspection). This has resulted in a significant increase in the number of initial Adult Protection Case Conferences (APCCs) and Review APCCs throughout 2023-24. This has been highlighted at the multi-agency IRD review group with a number of good practice examples of the legislation being applied correctly and reflective of risk being managed effectively in a multi-agency forum. **Appendix 2 provides additional adult support & protection performance data.**

In February 2024, it was agreed that Clackmannanshire Council Housing department would fund a hoarding officer post to provide practical support to those experiencing issues with both self-neglect and hoarding. Transform Forth Valley are hosting this post and following a successful recruitment campaign, the hoarding officer is in post. The initial feedback has been very positive, and the next iteration of this report will feature more about the two year pilot and the outcomes achieved.

One of the main challenges facing Clackmannanshire Council is the Social Work database which is outdated and there is a lack of technical support to implement new and required changes. This has resulted in Clackmannanshire being unable to record and provide information to meet the new statutory reporting requirements for the purpose of the Scottish Government - ASP National Minimum Dataset. Options are currently being explored with respect to both short term and long term planning including the procurement of a new social work information management system.

Adult Support and Protection Champions training for Care Homes was launched in November 2023. This was created to build on the work of the Care Home and Review Team (CHART) and the Early Indicator of Concerns framework to support Care Homes to identify ASP concerns timeously and support with training their workforce. An input was also delivered in relation to Large Scale Investigations (LSIs)

In partnership with the Care Inspectorate, we have trained a number of care home practitioners to become Adult Support and Protection Champions in their service. Practitioners were invited to a full day face to face training with quarterly forums subsequently arranged to allow for the sharing of experiences, discussion of practice and to receive new tools and information and advice from the CHART Team Leader, ASP Lead Officer and the Public Protection Training Adviser.

Moving forward we are keen to further develop the ASP Champions training for Care at Home providers and to roll this out across the Council area. In terms of capacity there are a number of competing priorities however this will be developed and implemented to support the agencies with ASP activity. The main focus for the remainder of 2024 will be to undertake a programme of self-evaluation activity.

5.4 Forth Valley Emergency Social Work Service

The out of hours emergency social work service known as the Emergency Duty Team (EDT) provides all aspects of emergency social work statutory intervention including child protection, adult protection

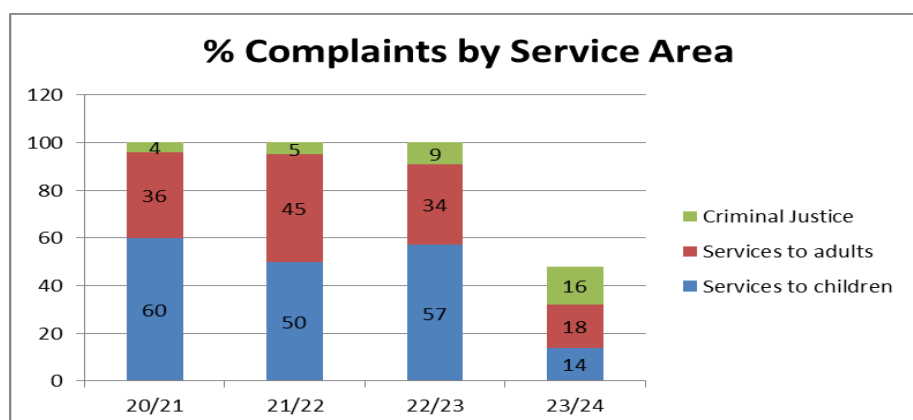
and Mental Health Officer duties for Falkirk, Clackmannanshire and Stirling Councils. This continued to be the case during 2023/24. The staffing level of 4.5 Senior Social Workers and one Manager was maintained with 2 senior social workers working each shift period. A pool of social work colleagues from across the 3 Councils continued to assist the service when necessary. The Service is hosted by Stirling Council and various models of remote and office based working are in place. This is especially important in terms of ensuring and maintaining training and development for the induction of new backup colleagues. This continues to an ongoing initiative for the service.

Clackmannanshire referrals indicated an **8%** increase from 2022/23 in overall referrals across Children's, Adults and Justice. This was also the case in respect of Stirling and Falkirk Councils.

| Clackmannanshire Referrals | 2022/2023 | | 2023/2024 | |
|----------------------------|-------------|----------|-------------|----------|
| Children | 589 | 46% | 617 | 45% |
| Adults | 665 | 52% | 741 | 54% |
| Justice | 19 | 1% (+.5) | 22 | 1% (+.5) |
| Total | 1273 | | 1380 | |

5.5 Social Services Complaints

Between 1st April 2023 and 31 March 2024 there were **48** complaints made to Social Work Services. This is a decrease of **52** (52%) compared to the previous year. These complaints comprised of **32** managed at Stage 1 and **16** managed at Stage 2. During the reporting period there were no complaints escalated to the Scottish Public Service Ombudsman (SPSO).

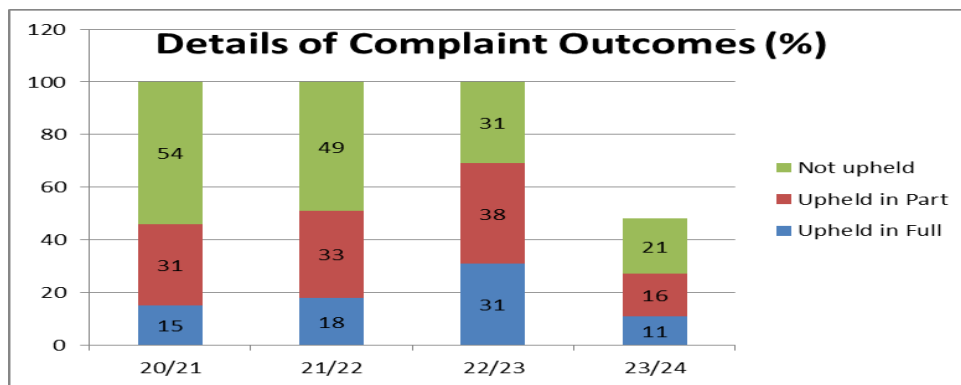


Of the complaints received (Stage 1 and Stage 2) these can be broken down into service sectors which shows the number of complaints in children's services significantly **decreased by 75%** (43 cases), adult services **decreased by 47%** (16 cases) whilst Justice Service complaints seen a **44% increase** (7 cases) in 2022/23.

| Service Area | 20/21 | 21/22 | 22/23 | 23/24 | % change |
|----------------------|-------|-------|-------|-------|--------------|
| Services to children | 60 | 50 | 57 | 14 | 75% decrease |
| Services to adults | 36 | 45 | 34 | 18 | 47% decrease |
| Criminal Justice | 4 | 5 | 9 | 16 | 44% increase |

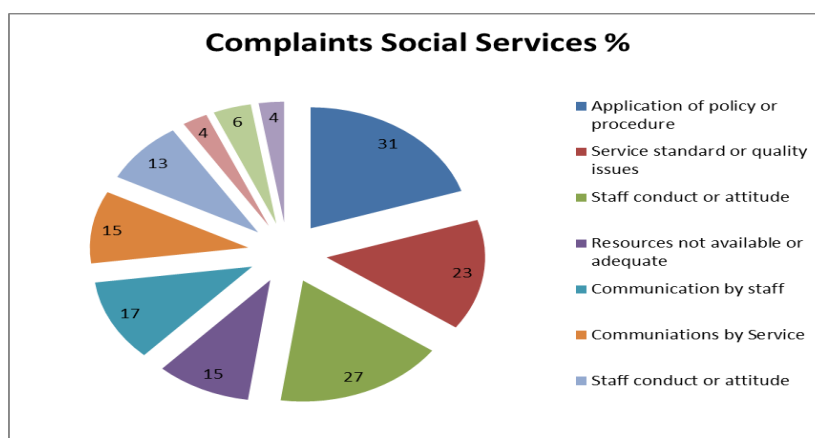
Out of the 48 complaints, 34 (**71%**) were responded to within target timescales (5 working days for Stage 1 and 20 working days for Stage 2). The remaining 14 (**29%**) that were out with target timescales related to **10** at Stage 1 and **4** at Stage 2. The reasons for delays in responding to complaints were for

complexities surrounding the case. The outcome of complaints saw 21 not upheld, 16 partially upheld and 11 fully upheld.



The reasons for complaints received across all social service areas are outlined in the table below.

| Complaints | % | Number |
|-------------------------------------|----|--------|
| Application of policy or procedure | 31 | 15 |
| Service standard or quality issues | 23 | 11 |
| Staff conduct or attitude | 27 | 13 |
| Resources not available or adequate | 15 | 7 |
| Communication by staff | 17 | 8 |
| Communications by Service | 15 | 7 |
| Staff conduct or attitude | 13 | 6 |
| Health and safety issues | 4 | 2 |
| Waiting for Service Assessment | 6 | 3 |
| Waiting for Service post assessment | 4 | 2 |



5.6 Compliments

Justice services regularly receive compliments from the community and beneficiaries from the work undertaken by the unpaid work team. Examples include a Letter of Appreciation from National Wildlife Rescue Centre regarding various items constructed for their animals by the Unpaid Work Team and an offer of a tour of the centre to see how they are using the items, restoration of a historical bench on the Path network 76 and building snack benches, planters and boat in the playground of Sauchie nursery.

Adult Care services received a Letter of Appreciation for the Manager at Menstrie House Care Home and staff.

Children's services received a compliment for a member of staff within Business Support on how well the staff member dealt with their calls; *polite, well mannered and made them feel like someone cared*.

5.7 Duty of Candour

All social work and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended, or unexpected, events happen that result in death or harm as defined in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, the people affected understand what has happened, receive an apology, and that organisations learn from the experience and put in place improvements.

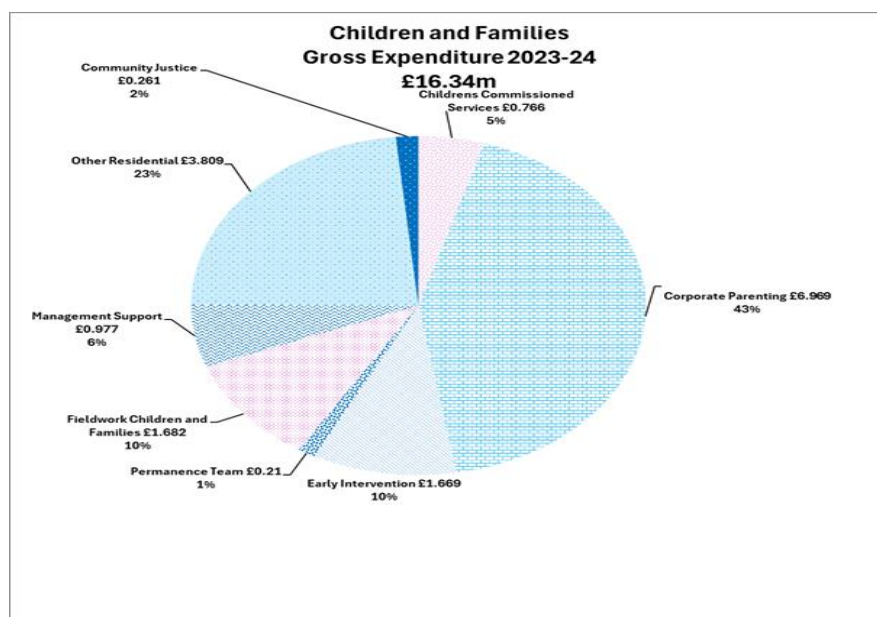
Between 1 April 2023 and 31 March 2024, there were no incidents in Clackmannanshire where the Duty of Candour applied.

6.0 Resources

As the smallest mainland local authority, Clackmannanshire is often disadvantaged because of the size of its population, which is disproportionate to the high levels of poverty and associated socio-difficulties experienced within the area. This results in significant shortfalls in budget allocations.

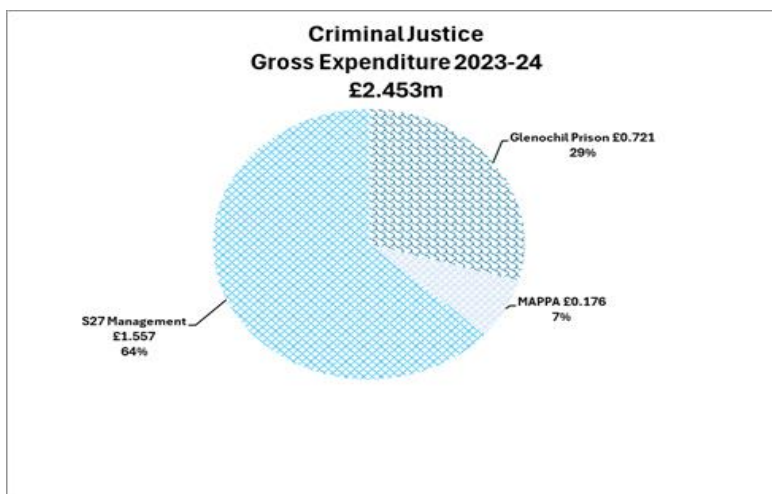
6.1 Children's Services

In 2023/2024 the total net budget for Children's and Justice Services was £18.659m. There are significant financial pressures and challenges across all parts of the service because of inflationary cost pressures, recruitment, pay awards and temporary/agency workforce costs. Within Children's Services pressures relate in particular to kinship payments, fostering and residential care expenditure. Despite the significant financial pressures there has been continued progress to reduce the number of external residential placements and developing more local services with an ongoing focus on the development of local care-based provision through the use of Family Group Decision Making, Restorative Practices, targeting of commissioned services combined with increased support to kinship carers and foster carers.



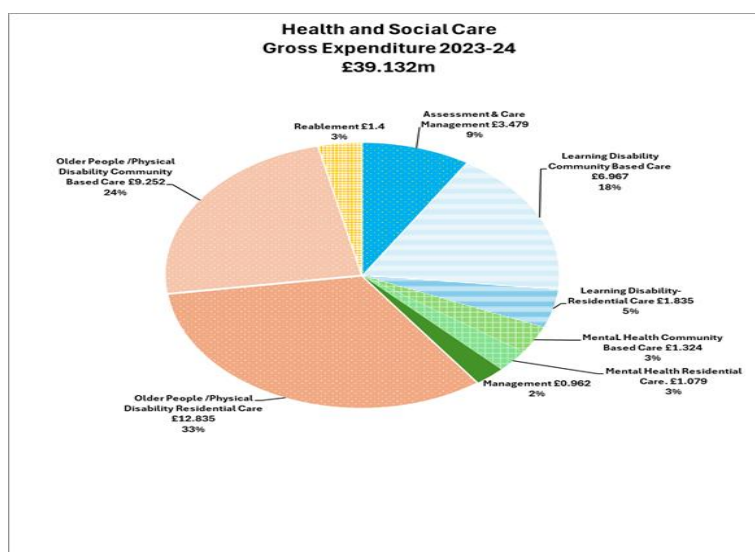
6.2 Justice Services

In 2023/2024 expenditure on Justice Services amounted to £2.453m, with £0.720m relating to the provision of a social work service at Glenochil Prison which is recharged in full to the Scottish Prison Service under a service level agreement. Funding from the Scottish Government for the provision of Justice Services amounted to £1.660m against eligible expenditure of 1.871m. Funding remains the significant challenge for Justice Services with no uplift provided for the third consecutive year for the period 2023-24. Taking into consideration inflationary costs, including pay increases, combined with increasing demands being placed on the Justice team through national promotion of community-based disposals, we continue to experience growing pressures to meet our statutory responsibilities.



6.3 Health and Social Care Partnership Services

In line with the requirements of the Integration Scheme, Clackmannanshire council provided a funding allocation of £26.209m to the Clackmannanshire and Stirling Integration Joint Board (IJB) who directed the same amount of funding to the council to provide Adult Social Care services. This funding along with associated income, including income from service users in line with the Councils extant charging policy, supported gross expenditure of £39.132m on provision of Adult Social Care Services as illustrated in the graph below. For the financial year ended 31 March 2024 the IJB had an overspend on the Integrated Budget of £2.616m. This was met from the IJBs reserves reducing the financial flexibility to meet unexpected costs in future years.



7.0 Workforce

Growing demand and the ongoing national financial, workforce and service challenges continue to place significant pressures for the Council in terms of how our services are delivered to meet the changing needs of our communities, whilst simultaneously transforming these services so that they are agile, adaptable and offer resilient and sustainable models of delivery going forward. In the context of recruitment and retention challenges makes for a difficult and demanding workforce planning environment.

7.1 Workforce Planning

Workforce planning is considered key to ensuring that we have a workforce now and in the future who feel supported, understood, respected and engaged in their work. To assist with this, the Council approved its Interim Workforce Strategy in 2023, designed to establish a foundation for workforce development across all Council services ahead of a new Strategic Workforce Plan for 2025-2028.

The Interim Workforce Strategy identifies a range of actions which will be progressed over the period from 2023-25 which are aligned against the Council's organisational redesign framework, and are reflective of the Council's priorities. The strategy is integral to transformation in the Council – not least in supporting new models of working which will be identified as our Target Operating Model (TOM) is defined over the coming months.

At the heart of this strategy is the aim to ensure that all staff who work for the Council are supported, understood, respected, and engaged. That means placing the wellbeing of staff at the forefront of what we do, and that our workforce development, corporate learning and development, and Organisational Development (OD) services are targeted where they can make the most impact. This includes for example, development of a new corporate induction process, a new staff survey now in its second year and managed entirely in house, revised transformational Comms activity, including podcasting and multimedia communication pathways, and an agreed forward plan for our Senior Leaders, and Team Leaders Forums, centring on the CIPFA Local Code of Governance.

Allied to the Interim Workforce Strategy is the HSCP Integrated Workforce Plan 2022-25 which has been developed through collaboration with HSCP staff, Union representatives, partners and unpaid carer representation with needs determined and guided by the HSCP Strategic Commissioning Plan 2023-2033.

Priorities have been identified through analysis of local available intelligence, data and conversations with communities, individuals and partners, including staff. These priorities are aligned with five overarching themes that describe our intentions; these are aligned to the National Health and Wellbeing Outcomes. The HSCP Learning and Development Group, supported by Workforce Leads and partner agencies has been overseeing delivery of the HSCP Workforce Plan; meeting bi-monthly and reporting back to the Senior Leadership Team for the HSCP. Our work aligns to the five pillars of the workforce journey: plan, attract, employ, train and nurture.

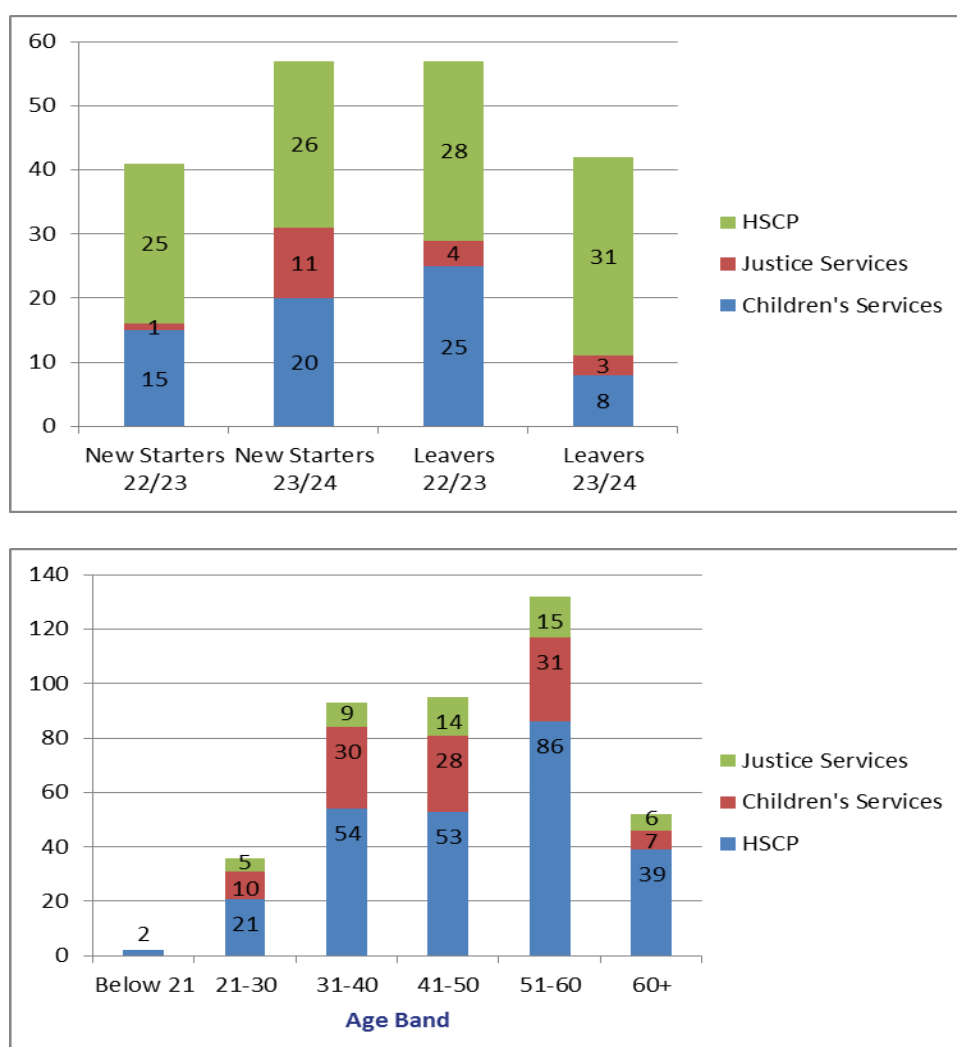
We are building on our collation and analysis of workforce data to even better understand the future needs of our workforce with Human Resource leads working on harmonising and sharing data on the social work and social care workforce. To improve our workforce planning capacity, key workforce planning leads and managers have been undertaking work to progress requirements for the Health and Care (Staffing) (Scotland) Act 2019, which replaced Regulation 15 of the Public Services Reform Act 2010, to prepare for enactment on 1st April 2024. The Act places a statutory duty on regulated care service providers to ensure that suitable qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of people using the service, and the provision of safe and high-quality care and staff wellbeing.

7.2 Workforce capacity

The national shortages of qualified social workers and recruitment and retention challenges is well evidenced through the annual census of local authority social work services (LASWS) staff data gathered by Scottish Social Services Council (SSSC). In Clackmannanshire, vacancy rates and turnover vary by teams, however across all our social work teams, vacancies for qualified social workers have been difficult to recruit to, with higher vacancy rates in our adults and children's teams. Agency social workers have been recruited to address workforce gaps however this is not a sustainable option to address the challenges in social work recruitment, both locally and nationally.

Clackmannanshire Council's qualified workforce within children's services has 60% newly qualified social workers (NQSW) currently in post. We have an older workforce within adult services, with a higher number of staff in the 51-60 years and 60+ year's age band.

Workforce data 2023/24:



7.3 Staff recruitment and retention

Various steps designed to support the recruitment and retention of staff continues to be progressed. Locally, newly qualified social workers (NQSW) receive a robust induction process delivered by their line manager/supervisor, inline with the Scottish Social Services Council supported first year for qualifying social workers, which includes mandatory learning requirements. Feedback from staff has advised this has offered them the support, guidance and training during the early stages of their career

that has provided them with confidence and competence as a qualified social worker. Other developments have included looking at career pathways, talent development and succession planning, for example in 2023/24 new Senior Practitioner roles introduced within our children's and justice teams as part of a service redesign has provided progression and development into more senior roles.

The challenges of an ageing workforce, especially in care roles remains and to complement our delivering and support of Foundation Apprenticeships and SCQF qualifications, we introduced Modern Apprenticeships in Health and Social Care. We continue to work with schools and Higher Education Institutes, including Forth Valley College and University of Stirling to engage and support young people into health and social care roles at an early stage.

In 2023/24 a commitment was made to support/sponsor 3 internal members of staff to complete a Social Work qualification with the Open University - one member of staff from Justice and 2 two from Adult Services. All three individuals will be joining in January 2025 for placements, two on placement 1 and one on placement 2. During 2023/24 we employed 2 of the students that had joined on placement during year 2022/23, however one left within the year.

During 2023/2024 we supported the following external accredited learning:

- 3 members of staff completing SVQ2 (SCQF6)
- 1 members of staff completing SVQ3 (SCQF7)
- 2 members of staff competing SVQ4 (SCQF9)

(SVQ qualifications were staff within the HSCP - based in Ludgate or Menstrie House).

POST Graduate study:

- 2 staff members from Adult Services Team completed their MHO Award
- 1 staff member from Adult Services completed Leadership and Management Award
- 1 staff member from the Prison Based SW team completed their Practice Educator qualification
- 1 staff member from Children's Services completed Child Welfare and Protection qualification

Student Intake:

During the reporting year 2023/2024 Social Work Services provided four placements for students, predominantly from the University of Stirling. Two students were placed within Children's Services and two within Adult Services.

7.4 Training and Development

Throughout the course of the year we have facilitated both single and multi agency child protection and adult support and protection related training.

Multi - Agency Child Protection training

Training priorities identified by our Child Protection Committee are neglect (Neglect Toolkit), parental substance use (Impact of Parental Substance Use Assessment Framework-IPSU) and domestic abuse (Safe & Together Framework). These remained core strategic priorities throughout the life of the Multi-Agency Public Protection Learning and Practice Development Workforce Strategy 2020-2023. These trainings are facilitated between 3- 4 times a year to capture any new starts.

Single Agency training priorities

During 2023/24, all children and families staff including residential care practitioners enrolled to complete the Return Discussion (Children & Young People) training. They also received training in Viewpoint (an online resource for children and young people to record their views).

The Family Connections Team and all our foster carers have access to CEOP e-modules to support them in their role of helping keep children and young people safe online, enhancing their knowledge and ability to identify potential risks.

Multi-agency Adult Support & Protection (ASP) Training

Over the course of the year we have continued to offer multi-agency Adult Support & Protection for the General Contact Workforce on a monthly basis which is facilitated via MS teams. The same course is offered as an eModule on the Council eLearning platform and also NHS Forth Valley learning platform. Adult Support & Protection is also referenced in the Public Protection is Everyone Responsibility eModule which is a mandatory eModule for all Council employees to complete.

On behalf of Forth Valley we facilitate quarterly multi-agency Adult Support & Protection Key Processes Roles and Responsibilities Training which includes thematic inputs from Health, Police, Scottish Fire & Rescue, Trading Standards and the ASP Lead Officer. Throughout the year we facilitated ASP Investigative Interviewing Skills Based Training for our Council Officers and commissioned Protection Orders training for Council Officers and the Council Legal Services Team. Council Officers have also received commissioned Advanced Adults with Incapacity (AWI) training along with 51 Shades of Capacity to a multi agency audience. Falkirk Council on behalf of Forth Valley continues to offer Council Officer Training and 3 Acts Training. The first of our ASP Champions for Care Homes has been facilitated with follow up ASP Champion sessions throughout the year.

Following on from the recent Adult Support & Protection Inspection we have continued to provide multi-agency Carer Stress training provided by our local carers services. ASP Team Leaders and Managers were part of a pilot training on Chairing ASP Case Conferences.

In partnership with COPFS we have developed and facilitated Forth Valley Court Skills Training for those who may be called to give evidence in Court in regards to ASP.

Throughout the course of year we continue to promote the following eModules to Clackmannanshire practitioners on our own eLearning platform: Making Protection Personal, Person Centred Recording, An introduction to AWI, Financial Harm Awareness, Power of Attorney and Criminal Exploitation across the Lifespan, Public Protection is Everyone's Responsibility, Child Protection and Child Sexual Exploitation Awareness. In addition we continue to promote the following IRISS eModules to a wider audience through our multi agency public protection training calendar; Working Together in Adult Support and Protection, Adult Support and Protection Case Conferences, Adult Support and Protection Large Scale Investigations and Analysis in Social Care.

Multi- Agency Public Protection training

Throughout 2023/24 we have continued to provide a comprehensive multi-agency public protection training calendar which has included the multi agency training priorities outlined in our Multi-agency Public Protection Learning & Practice Development Workforce Strategy 2020-2023. This has included:

- Child Protection for the General Contact Workforce (Monthly)
- Child Protection Key Processes Roles & Responsibilities (3 x yearly)
- Child Protection IRD (3 x yearly)
- Protecting Children with Disabilities (2 x yearly)
- Trigger Trio: Parental Mental Ill Health, Parental Substance use and Domestic Abuse (3 x yearly)
- Identification of Need Risk and Desired outcomes (3 x yearly)
- Harmful Sexual Behaviour (3 x yearly)
- Multi-agency risk assessment conference (MARAC) Training (3 x yearly)
- Responding to impact of trauma children & young people living with domestic abuse (3x yearly)
- Vulnerable Babies (3 x yearly)

The table below provides a breakdown of the Learning & Practice Development stats for 2023/24

| | Quarter1 | Quarter 2 | Quarter 3 | Quarter4 |
|----------------------------|----------|-----------|-----------|----------|
| No. of courses delivered | 27 | 22 | 21 | 24 |
| No. attending | 102 | 81 | 63 | 67 |
| No. of e-modules completed | 221 | 109 | 74 | 29 |

NB. The number of e-modules completed is child protection related e-modules completed by Clackmannanshire Council employees

On a corporate basis the Council has a number of initiatives which seek a proactive approach in creating a more inclusive and fair culture, reduce inequalities and address issues of discrimination within the workplace, and with our wider communities. All corporate policies and procedures are reviewed and agreed in conjunction with trade union colleagues, a key component of which is to undertake an equalities impact assessment (EQIA). This EQIA process ensures that all of the Council's policies are designed in a way that does not discriminate or affect service users, employees or the wider community in terms equality and inclusivity.

Additionally, and also from the angle of human resources management are the Council's recruitment and selection policies and procedures, which ensures that the Council recruits in a manner which is fair and equitable to allow those who apply to us. This includes the provision of training for recruitment managers, designed to address such issues as unconscious bias which may inadvertently introduce unfair assessments or assumptions into the process.

In terms of the wider workforce, the Council also has an annual mandatory training programme. This includes completion of equality and diversity training on induction to the organisation, and every three years, thereby ensuring that all staff members have grounding and understanding of anti-racist and anti-discriminatory practice.

7.5 Staff Wellbeing

Our employees are supported and recognised as our most valuable asset, and their health and wellbeing are considered of upmost importance. The Council ensures the wellbeing of staff through its Wellbeing Strategy, which offers a range of supports for staff, including:

| | |
|--|--|
| Clacks Academy (e-learning wellbeing supports) | Healthy eating information and supports |
| Reduce your Cancer Risk information sessions | Your work and cancer toolkit |
| Occupational health supports | PAM Assist |
| Stress management classes | Online supports: Burnout Hub, SHOUT, Money Helper, Mental Health Check-Ins |
| Mental health first aiders | Feeling Good Positive Mindset App |
| Healthy Working Lives (HWL) Group | |

8.0 Looking Ahead 2024-2025

Whilst this report provides a look back on service delivery activity across our social work and social care services over the past year, it also identifies the current unprecedented challenges we continue to face going forward to meet the growing and changing level of need in our population and increasing demand on services. The level of support required for people in our Clackmannanshire communities is changing due to an increasing proportion of older adults and increasing numbers of people with more than one long term condition. This is against a backdrop of limited resources, increasing financial pressures and workforce challenges, including an aging workforce.

Whilst the past year has seen a busy legislative and policy implementation landscape for the delivery of social work and social care services, this is set to continue with simultaneous legislative developments related to the National Care Service Bill, a National Social Work Agency and preparation

for the Children (Care and Justice) (Scotland) Act 2024. This year also sees work to implement the United Nations Convention on the Rights of the Child (UNCRC) (Scotland) Act 2024 and this work has continued over the last year to ensure that we are ready in Clackmannanshire for implementation through our established UNCRC Working Group. Our local partnership commitment towards achieving the ambitions of The Promise will continue with pace to drive forward improvements, delivered through our partnership Promise Plan.

We will continue to invest in approaches to keep families together, providing wrap-around whole family support focussed on prevention and early intervention activities that enhance whole family wellbeing. Over the next year we will continue to develop local family based care provision and supported housing options that best support our young people to flourish as they move on from care.

Progress will continue on development of our youth justice service redesign and multi-disciplinary co-located justice hub to further develop prevention and early intervention focused approaches through a range of initiatives and co-location of services, including recovery support.

Our HSCP will continue to deliver on the priorities in the Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033 through its programme of work to modernise and transform services, including implementing the new Self-Directed Support (SDS) support policy. A consultation and engagement programme to inform the development of the Mental Health and Wellbeing Strategic Commissioning Plan will also be progressed.

Inspection and scrutiny activity will continue to shape social work priorities and our work in the year ahead. This includes regulatory inspection of our social work service provision. A Joint Inspection of Adult Services, with a focus on services for people living with mental illness in the Clackmannanshire & Stirling Health and Social Care Partnership, is currently in progress and is due for completion in November 2024. The findings, informed by the voices and views of people who use services, will support continuous improvement activity of adult care services. Other scrutiny work planned is the participation in the Care Inspectorate's Thematic Review of social work governance and assurance arrangements in Scotland that commences July 2024. Likewise, our involvement in the national justice social work self-evaluation with a focus on performance and quality assurance which is due to commence in September 2024. These reviews will inform and strengthen local improvements that ensure that the people receive high quality, person-centred care and support.

Finally, ensuring we have a consistent, competent, trained and skilled workforce to meet rising service demands whilst maintaining high quality services delivery remains a priority. Nationally we are all competing within the social work profession for staff; differentials in pay, terms and conditions across local authorities only impede these challenges. Maintaining a dedicated commitment to invest and develop our social work and social care workforce in the context of the challenges currently being faced within the profession is paramount to ensure that we continue to provide high quality care that supports and protects the people of Clackmannanshire.

Sharon Robertson
Chief Social Work Officer

Appendix 1: Children's Services performance data 1 April 2023 to 31 March 2024

New Referrals

There were **1401** requests for assistance (new referrals) during 2023/24. This is a **16% increase** from 2022/2023 where there were 1180 new requests for assistance. (2021/2022 there was 1375)

Children open to Children's Social Work Services

There were **716** open cases as at 31st March 2024. This was a slight reduction to 22/23 where there were 741 open cases as at 31st March 2023 (3% reduction).

Child Welfare Concerns

There were **204** child welfare concerns in 2023/2024 a **17% reduction** from 247 in 2022/23.

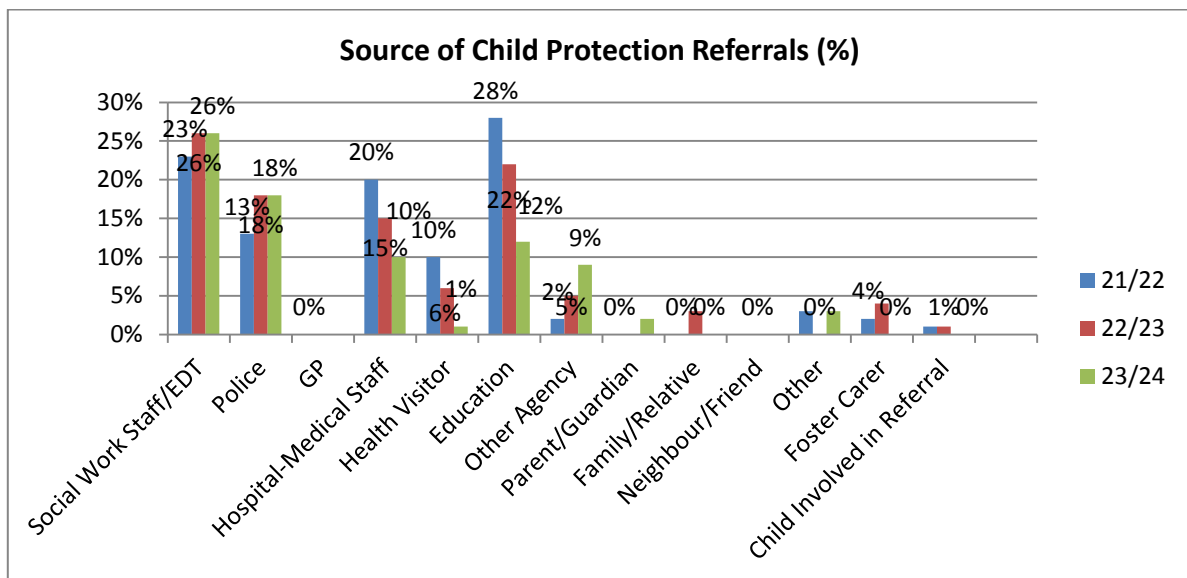
Initial Referral Discussions (IRDs)

There were **153** initial referral discussions in 2023/24 (rate of 17.6 per 1000 0-15 years). This compares to **171** initial referral discussions in 2022/23 (rate of 19.2 per 1,000 0-15 years); and a decrease of 18% from 21/22 where there were 208.

Child Protection Investigations

In 23/24 there were **64** child protection investigations involving a total of **110** children. This compares to 22/23 where there were **65** child protection investigations involving **142** children. This is a rate of **12.6** per 1000 0-15 years population compared to last year where the rate was 16.1 in 2022/23. This compares to the 2022/23 Scottish figure of 13.2 per 1,000 0-15 yrs.

The highest number of child protection concerns were from Social Work/EDT (26%), Police (18%) and Education (12%) whereas in 22/23 the highest number of child protection concerns were from EDT (26%), Education (22%) and Police (18%). In 2021/22 Education (28%) was the highest referrer for child protection followed by EDT (23%) then Hospital/medical staff (20%).

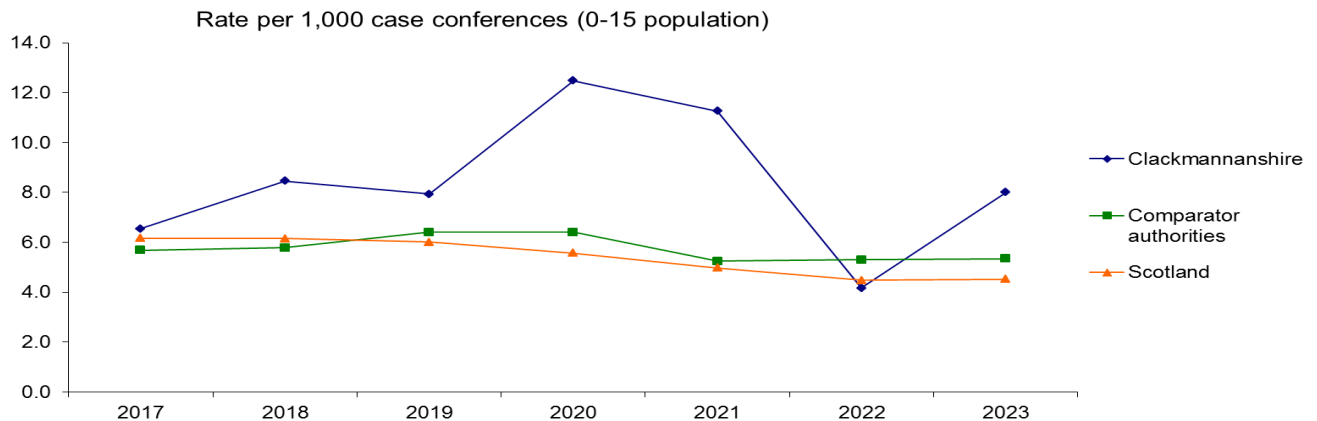


Child Protection Investigations to Initial Child Protection Planning Meeting (CPPM)

Of the **110** children subject to a child protection investigation, **66%** (73 children) were subject to an Initial CPPM and of those **59%** (43 children) were registered.

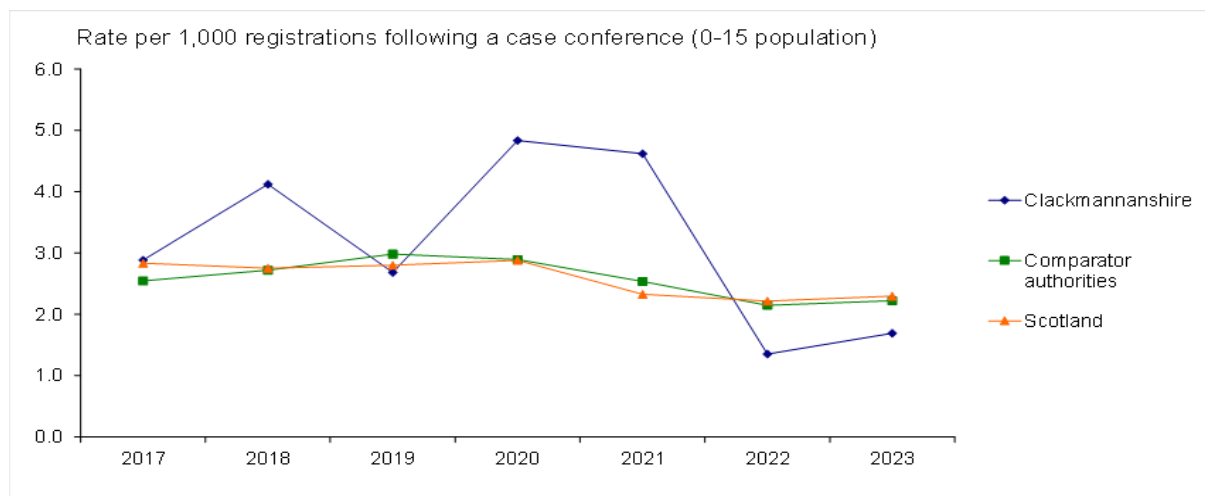
In 22/23, of the **142** children subject to a child protection investigation, 44% (63 children) went to an Initial CPPM and of those 81% (53 children) were registered.

The number of child protection referrals that resulted in a case conference in Clackmannanshire in 2023 was **71** (an increase of 91.9% from 37 in 2022), a rate (per 1,000 pop 0-15) of **8.0**. This is greater than the comparator average rate of 5.3 and greater than the Scotland average rate of 4.5. This shows that more children subject of a child protection investigation progressed to a case conference.



Child Protection Registrations (CPR)

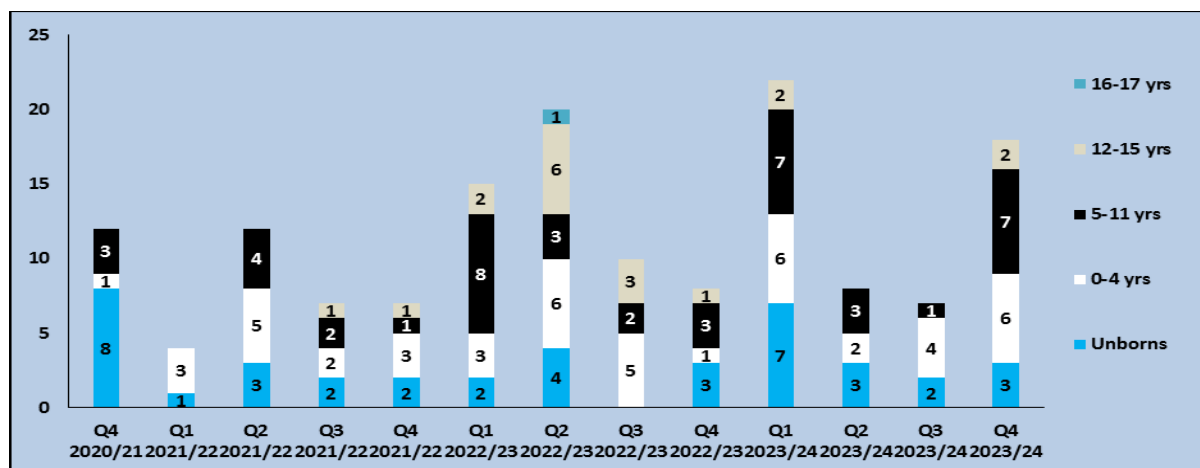
The number of registrations following a case conference in Clackmannanshire **as at 31 July 2023** was **15** (an increase of 25% from 12 in 2022). The rate (per 1,000 pop 0-15) is **1.7**. This is less than the comparator average rate of 2.2 and less than the Scotland average rate of 2.3 as at 31 July 2023. This shows that whilst more children were subject to a child protection planning meeting there is a lower rate of children who were then registered on the child protection register.



The total number of de-registrations in Clackmannanshire during 2023 was **50** (a decrease of 10.7% from 56 in 2022). The rate (per 1,000 pop 0-15) is **5.6**. This is greater than the comparator average rate of 2.1, and greater than the Scotland average rate of 3.5.

During 23/24 there was **2** child re-registered within 6 months and **2** children within 2 years. The previous year in 22/23 there was 1 child re-registered within 6 months and 5 children within 2 years. In 21/22 **3** children were re-registered within 6 months and 1 within 12 months.

Age of Children at the point of Registration



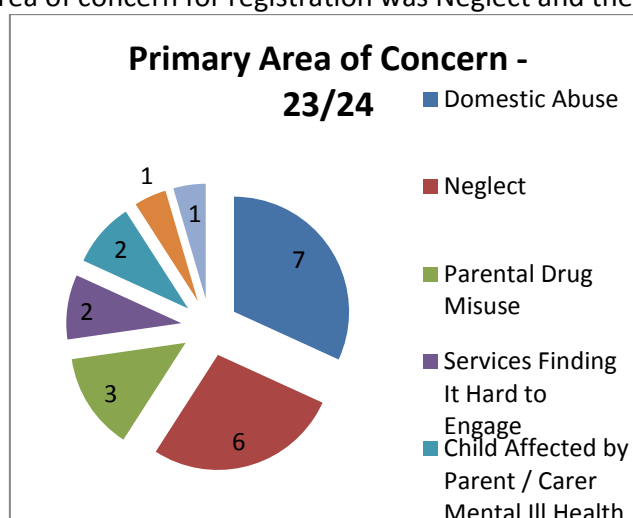
The last 12 months on the chart (4 academic quarters) present a total of **55** new registrations, 33% are aged 0-4 and aged 5-11 years, 27% are unborn babies and 7% are 12 – 15 years. The previous year 2022/23, there were **52** new registrations, 33% aged 0-4, 27% aged 5-11 years with 12 – 15 years accounting for 23% and unborn babies 15% of new registrations. In 2021/22 there were **35** new registrations, 40% unborn babies, 31% 0-4 years and 26% 5-11 years and 2.85% age 12-15 years. (source: CPC Minimum Dataset academic quarters)

The table below shows the number of children on the register and sibling groups that were registered.

| As at | NUMBER OF CHILDREN ON REGISTER | TOTAL NUMBER OF FAMILIES | NUMBER OF SIBLING GROUPS |
|------------|--------------------------------|--------------------------|--------------------------|
| March 2021 | 44 | 21 | 11 |
| March 2022 | 19 | 9 | 5 |
| March 2023 | 30 | 13 | 7 |
| March 2024 | 22 | 13 | 5 |

As at 31st March 2024 – Primary Concern of those children on the register

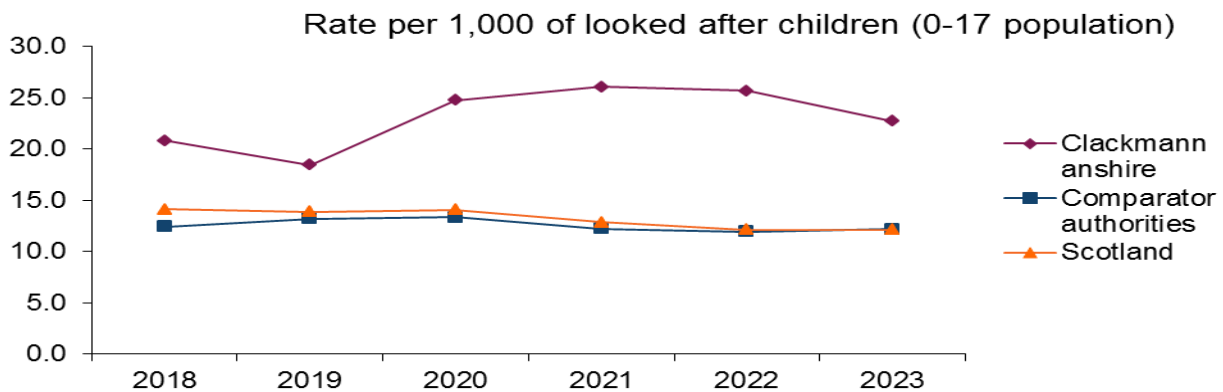
The most common primary area of concern as at March 2024 was Domestic Abuse and then Neglect. In 2022/23 the primary area of concern for registration was Neglect and then Domestic Abuse.



Care Experienced Children

As at 31 July 2023, the number of care experienced children and young people being looked after in Clackmannanshire was **225** (128 (57%) males and 97 (43%) female) and a **decrease of 12.5%** from 257

in 2022. The rate per 1000 population 0-17yrs is **22.7** and is **greater** than the Scottish average rate of 12.1. 21% of care experienced children were under 5 years old and 15% were over 16 years.



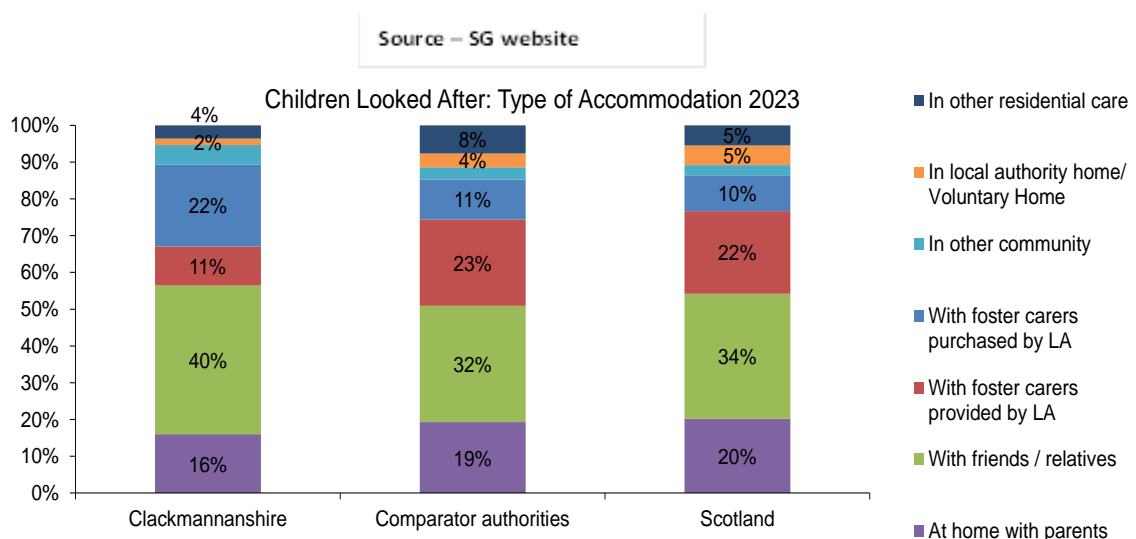
As at 31st March 2024 there were **229** care experienced children and young people across Clackmannanshire. **79** children were being looked after out with the Clackmannanshire area. This is a **decrease** of 10% from March 2023 where 88 children were living out with the local authority area.

Children being cared for in kinship arrangements with family/friends represent **40%** of the total number of care experienced children. This is higher than the Scottish figure of 34%.

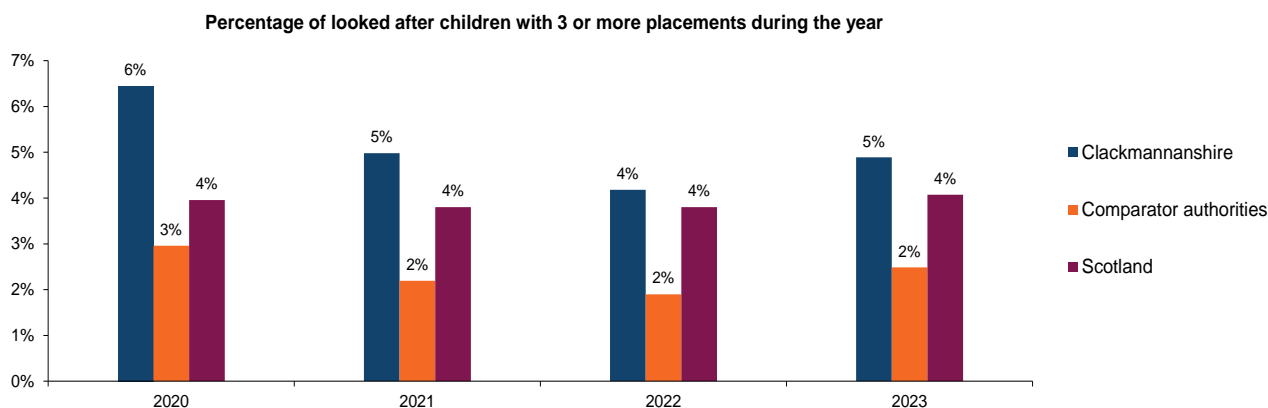
There were **16%** of care experienced children and young people living at home with their parents compared to the Scottish figure of 20%.

11% of children were placed in locally provided foster placements, **lower** than the Scottish figure of 22% of children being cared for in locally provided foster placements.

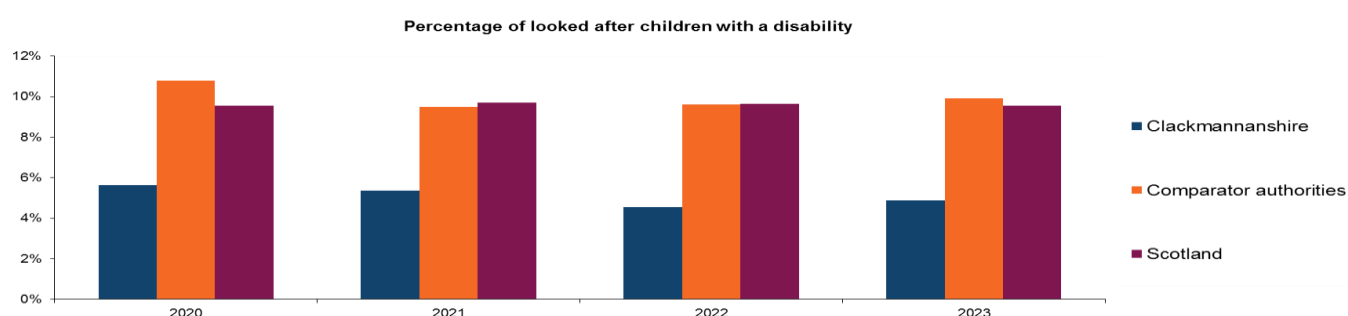
Clackmannanshire has a much **higher** use of external foster care provision with **22%** compared to the Scottish average of 10%.



The percentage of children who have had 3 or more placements during the past year (5%) is similar to the comparator average of 2% and similar to the Scotland average of 4%



In 2023, the percentage of looked after children with a disability in Clackmannanshire was **5% (11 children)**, an increase of 0.3% points over the previous year.



Aftercare

As at 31st July 2023 there were **98** young people eligible for aftercare services. Of these, **53** young people (54%) were receiving aftercare services. This compares to the Scottish figure of 49% receiving aftercare services. Of these young people, **56%** were in employment, education, or training compared to the Scottish figure of 50%. The number of care leavers over 16 years who had a pathway plan was **51%** and **44%** had a pathway co-ordinator. This compares to the Scottish figure where 71% of care leavers over 16 years had a pathway plan and 52% had a pathway co-ordinator.

Continuing Care

There were **4** young people in continuing care placements as at 31 July 2023 (a rate of **1.3** per 1,000) compared to 2022 where there were 8. The Scottish rate is 2.1

Referrals to the Scottish Children's Reporter Administration (SCRA)

In 2023/24, **121** children were referred to the Children's reporter, this compares to 2022/23 where 118 children were referred to the Children's reporter (and a 27% reduction from 2021/22). **50%** of referrals came from Police (61). Social work referrals accounted for **28%** (34) and Education **13%** (16) Of the 121 referrals, **44%** was in relation to lack of parental care and **26%** were offence related.

This compares to the national picture for Scotland where 78.5% of referrals were received from Police Nationally, the number of referrals received decreased by 2.2% compared to 2022/23.

Appendix 2: Adult Support and Protection performance data 2023/24

Total number of referrals between 1 April 2023 and 31 March 2024 was **687** compared to **768** in 2022-23 which represents a **10.55% decrease** in comparative years. However in context, this was preceded by a **66%** increase in referrals the previous year 461 in 2021-22.

| Source of referrals | Number of referrals 2022/23 | Number of referrals 2023/24 |
|---------------------------------|-----------------------------|-----------------------------|
| NHS | 65 | 141 |
| GPs | 8 | 17 |
| Scottish Ambulance Service | 17 | 12 |
| Police | 52 | 55 |
| Scottish Fire & Rescue Service | 11 | 20 |
| Office of Public Guardian | 1 | 0 |
| Mental Welfare Commission | 0 | 0 |
| Healthcare Improvement Scotland | 0 | 0 |
| Care Inspectorate | 13 | 1 |
| Other organisation | 471 | 339 |
| Social Work | 27 | 30 |
| Council | 61 | 29 |
| Self (Adult at risk of harm) | 0 | 9 |
| Family | 14 | 0 |
| Friend/Neighbour | 3 | 2 |
| Unpaid carer | 0 | 2 |
| Other member of public | 1 | 1 |
| Anonymous | 4 | 0 |
| Others | 20 | 29 |
| Total | 768 | 687 |

Total number of investigations commenced under the ASP Act between 1 April 2023 and 31 March 2024 was **30**.

| Number of investigations commenced for the following age and gender. | | | | | | | |
|--|-----------|-----------|--|--|-----------|-----------|-----------|
| Age Group | 2022/23 | 2023/24 | | Number of investigations by age and gender | | | |
| | | | | Male | Female | Male | Female |
| 16-18 | 0 | 0 | | 0 | 0 | 0 | 0 |
| 19-24 | 2 | 3 | | 0 | 2 | 3 | 0 |
| 25-39 | 4 | 4 | | 1 | 3 | 2 | 2 |
| 40-64 | 11 | 6 | | 4 | 7 | 3 | 3 |
| 65-69 | 0 | 4 | | 0 | 0 | 3 | 1 |
| 70-74 | 5 | 1 | | 2 | 3 | 0 | 1 |
| 75-79 | 4 | 2 | | 3 | 1 | 2 | 0 |
| 80-84 | 3 | 2 | | 2 | 1 | 1 | 1 |
| 85+ | 5 | 8 | | 2 | 3 | 6 | 2 |
| Not known | 0 | 0 | | 0 | 0 | 0 | 0 |
| Total | 34 | 30 | | 14 | 20 | 20 | 10 |

| Number of investigations commenced for clients in the following primary main client group | | |
|---|---|---|
| Client groups | Number of investigations by client groups 2022/23 | Number of investigations by client groups 2023/24 |
| Dementia | 5 | 3 |
| Mental health problem | 2 | 5 |
| Learning disability | 5 | 6 |
| Physical disability | 15 | 12 |
| Infirmity due to Age | 3 | 1 |
| Substance misuse | 3 | 2 |
| Other | 1 | 1 |
| Total | 34 | 30 |

| Type of principal harm which resulted in an investigation (as defined under the ASP Act) | | |
|--|----------------------------------|----------------------------------|
| Type of principal harm which resulted in an investigation | Number of investigations 2022/23 | Number of investigations 2023/24 |
| Financial Harm | 7 | 9 |
| Psychological harm | 7 | 1 |
| Physical harm | 9 | 11 |
| Sexual harm | 2 | 0 |
| Neglect | 9 | 3 |
| Self-harm | 0 | 5 |
| Other | 0 | 1 |
| Total | 34 | 30 |

| Location the principal harm take place which resulted in an investigation (as defined under the ASP Act) | | |
|--|--|--|
| Location of principal harm which resulted in an investigation | Number of investigations under the ASP Act 2022/23 | Number of investigations under the ASP Act 2023/24 |
| Own home | 19 | 18 |
| Other private address | 1 | 0 |
| Care home | 6 | 3 |
| Sheltered housing or other supported accommodation | 0 | 1 |
| Independent Hospital | 0 | 0 |
| NHS | 3 | 2 |
| Day centre | 0 | 0 |
| Public place | 0 | 0 |
| Online | | 1 |
| Other | | 1 |
| Not known | 5 | 4 |
| Total | 34 | 30 |

| Number of cases were subject to an ASP Case Conference | | |
|--|--|--|
| Type of ASP Case Conferences | Number of ASP Case Conferences 2022/23 | Number of ASP Case Conferences 2023/24 |
| Initial ASP case conference | 11 | 27 |
| Review ASP case conference | 9 | 34 |
| ASP case conference | 0 | 15 |
| Total | 20 | 76 |

EQIA Initial Screening Document

| | | | |
|---|--|--|---|
| Name of document: | Clackmannanshire CSWO Annual Report 2023-2024 | | |
| Type of Document | | | |
| Guidance <input type="checkbox"/> | Policy <input type="checkbox"/> | Procedure <input type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| If other please detail | Annual Report | | |
| Scope | | | |
| FV Wide <input type="checkbox"/> | Service Specific <input checked="" type="checkbox"/> | Discipline Specific <input type="checkbox"/> | Other <input type="checkbox"/> |
| If other please detail | | | |
| Is this a new document being EQIA'd | | | |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Briefly describe the Aims and Objective of the document | | | |
| <p>The aim of this report is to provide an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across Clackmannanshire Council in 2023/24. This is an annual update report and it is appropriate that the Integrated Joint Board scrutinise the developments in this area over the last year.</p> <p>Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to:</p> <ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations <p>Please indicate your decision below</p> | | | |
| <input type="checkbox"/> | Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed) | | |
| <input checked="" type="checkbox"/> | No impact/discrimination identified | | |

I agree that the details within the enclosed evaluation are a true reflection of the assessment completed and that the above policy/function/service does not have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.

Signature and Date

Clackmannanshire & Stirling Integration Joint Board

29 January 2025

Agenda Item 18

Clackmannanshire Wellbeing Local Outcomes Improvement Plan (LOIP)

For Approval

| | |
|--|--|
| Paper Approved for Submission by: | Joanna MacDonald, Interim Chief Officer |
| Paper presented by | Wendy Forrest, Head of Strategic Planning and Health Improvement |
| Author | Wendy Forrest, Head of Strategic Planning and Health Improvement |
| Exempt Report | No |

| Directions | |
|--------------------------|--------------------------|
| No Direction Required | X |
| Clackmannanshire Council | <input type="checkbox"/> |
| Stirling Council | <input type="checkbox"/> |
| NHS Forth Valley | <input type="checkbox"/> |

| | |
|---------------------------|--|
| Purpose of Report: | To present the Clackmannanshire Wellbeing Economy Local Outcomes Improvement Plan (LOIP) for 2024-34, following a refresh of the current plan 2017-2027. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the content of the refreshed Clackmannanshire Wellbeing Economy Local Outcomes Improvement Plan 2024 - 2034. 2) Approve and commit to the Wellbeing Local Outcomes Improvement Plan 2024/34 as statutory partner of Community Planning Partnership - The Alliance. |
|-------------------------|---|

| | |
|------------------------------|--|
| Key issues and risks: | |
|------------------------------|--|

1. Background

- 1.1. Local Outcomes Improvement Plans are statutory plans required under section 2 of the Community Empowerment (Scotland) Act 2016, and the draft plan for Clackmannanshire has been developed in line with the relevant statutory guidance. This has ensured that the draft plan is focussed on improving outcomes for those facing the greatest inequality and disadvantage across Clackmannanshire, whilst also reflecting the local needs and aspirations of communities.
- 1.2. The Clackmannanshire Wellbeing Economy Local Outcomes Improvement Plan (LOIP) lays out a programme of work for 2024-34, following a refresh of the previous plan 2017-2027.
- 1.3. Over 2023/24 the Clackmannanshire Alliance Board has led a period of engagement to refresh the current Local Outcomes Improvement Plan, with a shared commitment to developing a new 10 year Wellbeing Economy Local Outcomes Improvement Plan for Clackmannanshire.
- 1.4. A comprehensive consultation and engagement plan was agreed by partners, including HSCP officers, and a short life working group comprising partner organisations established to take forward the refresh.

- 1.5. The draft Wellbeing Economy Local Outcomes Improvement Plan builds on key areas of work over the past 3 years namely; Community Wealth building Action Plan; Wellbeing Economy pilot with Scottish Government and Shaping Places for Wellbeing programme. The plan also seeks to align and integrate the numerous Community Planning partnership plans, duties and responsibilities.
- 1.6. The plan sets out three strategic outcomes for Clackmannanshire: Wellbeing; Economy and Skills and Places recognising that no one partner can address these singularly.

2. Conclusions

- 2.1. The priorities outlined in the LOIP align to the Integration Joint Board Strategic Commissioning Plan 2023 - 2033. The delivery of the shared priorities will be undertaken on behalf of the IJB through the Strategic Planning Group.

3. Appendices

Appendix 1: Clackmannanshire Wellbeing Local Outcomes Improvement Plan 2024-2034

| Fit with Strategic Priorities: | |
|---|--|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting People and Empowering Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | The commitments made in LOIP are already part of the financial planning and transformation programme |
| Other Resources: | |
| Legal: | |
| Risk & mitigation: | |

| | |
|-----------------------------------|--|
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA - this was completed by Clackmannanshire Council as part of the process |
| Data Protection: | The content of this report <u>does not</u> require a DPIA this was completed by Clackmannanshire Council as part of the process |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment. this was completed by Clackmannanshire Council as part of the process</p> |



Wellbeing Local Outcomes Improvement Plan

2024-2034

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Foreword

Welcome to our Wellbeing Local Outcomes Improvement Plan (LOIP) 2024/2034 for Clackmannanshire.

This plan sets out our vision for Clackmannanshire over the next 10 years, defines the priorities that Clackmannanshire Alliance will focus on, and sets out what differences partners want to see for Clackmannanshire by 2034. Through this plan, partners are committed to working together on shared priorities which will improve the lives of people living in Clackmannanshire. A central theme of this plan is a joint commitment to tackling the inequalities that exists in Clackmannanshire through the delivery of a wellbeing economy for Clackmannanshire.

This Local Outcomes Improvement Plan is a plan for Clackmannanshire. We have listened to our communities and partners and focussed on a small number of key issues that can make the greatest impact in Clackmannanshire. We recognise the importance of aligning Alliance partners' resources on priorities that will drive long-term sustainable improvement over the next decade. Through this plan, we will create a positive wellbeing economic legacy, through the principles of community wealth-building for future generations in Clackmannanshire: a more equal society which provides a better quality of life for everyone.

Prevention and early intervention are strong themes throughout this plan and underpin the ideas behind a wellbeing economy. While this plan seeks to improve outcomes that will benefit everyone in Clackmannanshire, partners understand the importance of getting it right for our children and young people – our adults and our working age population in years to come. Securing better outcomes for our children and young people will secure better futures for all ages and all communities in Clackmannanshire by 2034.

Improving outcomes lies at the heart of this plan, but we also want to acknowledge the many positive aspects to life that Clackmannanshire has to offer. With our communities, we also want to build on our culture of continuous improvement as a partnership and ensure that we are working together in the best way that we can, making the best use of our resources with and for the benefit of communities in Clackmannanshire.



**Clackmannanshire
Council**



**UNIVERSITY OF
STIRLING**



**SCOTTISH
FIRE AND RESCUE SERVICE**
Working together for a safer Scotland



Introduction

This Wellbeing Local Outcomes Improvement Plan (LOIP) for 2024-2034 replaces the LOIP covering 2017-2027. and has been developed in partnership in response to our statutory obligations, as set out under the Community Empowerment (Scotland) Act 2015.

Community planning is about how public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives. A key focus of this work is demonstrating and jointly delivering plans and activities which bring about significant change and through improving outcomes and reducing inequality and disadvantage.

Our LOIP has been developed by the Clackmannanshire Alliance and sets out our ambitions for change for Clackmannanshire over the next decade. This plan details our combined commitment to reduce inequality and our renewed focus to work together to secure better outcomes for our people and businesses through a wellbeing economy. We have chosen to focus our collective efforts on a core set of priorities based on our discussions with partners and communities and based on a sound understanding of local need and circumstances.

Our communities lie at the heart of this plan and our wellbeing economy vision for Clackmannanshire. We recognise that the best solutions and the best ideas come from local communities, local businesses and our third sector. We are committed to working alongside our communities to secure improved outcomes for Clackmannanshire over the next decade and this plan sets out the way that we will meet this commitment.

Each community planning partner in Clackmannanshire is committed to the Wellbeing LOIP outcomes and priorities and will reflect these in their own strategic plans. This approach will ensure that all efforts drive improved outcomes for Clackmannanshire. This is particularly important with the challenges and constraints facing both partners and communities over the next decade.

The Wellbeing LOIP is a strategic plan which sets the direction for community planning partners in Clackmannanshire aligned with the National Performance Framework for Scotland. The LOIP seeks to connect partnership strategies and plans with each of these demonstrating the golden thread to the vision and outcomes contained in this plan.



Developing our Wellbeing Local Outcomes Improvement Plan 2024/2034

Our Wellbeing Local Outcomes Improvement Plan sets out our strategy and vision for Clackmannanshire. It has been developed using a robust evidence base, through extensive research, analysis and engagement including:

- Development of an Action Plan for Community Wealth Building in Clackmannanshire with the Centre for Local Economic Strategies
- Extensive partner engagement with academics from the University of Sheffield on a systems mapping exercise to establish the wellbeing economy priorities and drivers for Clackmannanshire
- Completion of the 6 stage inclusive growth diagnostic toolkit as part of a pilot project with Scottish Government
- Data deep-dive and benchmarking led by Scottish Government
- Participation in Public Health Scotland Shaping Places for Wellbeing pilot.
- Review of Strategic Needs Assessment completed in 2021.
- Review of local Community Plans across Clackmannanshire.

We also engaged widely in 2023 to develop the plan including:

- Consultation with local communities and key groups of interest
- An online consultation published across Clackmannanshire
- An engagement and development event held in 2024
- A partners development day
- Final consultation on the LOIP

We also carried out an Equality Impact Assessment to ensure our engagement activity on the plan has been as inclusive as possible; and carried out a Shaping Places for Wellbeing review to ensure a focus on place and wellbeing.

More information on this work can be found on Clackmannanshire Council's website <https://www.clacks.gov.uk/community/planning/>

Wellbeing in Clackmannanshire

Clackmannanshire has been a leading light in the development of new policies to strengthen our local economy to the benefit of people who live here. We piloted Community Wealth Building as the building blocks of our economy, while also leading on ways to implement a wellbeing economy in Clackmannanshire as part of a pilot with Scottish Government.

The National Performance Framework (Scotland Wellbeing Framework) establishes outcomes for Scotland with a wellbeing economic system focused on 4 key pillars of People, Community, Environment and Business. More information on this can be found here: Wellbeing economy toolkit: supporting place based economic strategy and policy development - gov. scot (www.gov.scot)

Our plan for Clackmannanshire aligns with the national ambition and vision to create a wellbeing economy; an economic system that places the wellbeing of current and future generations at its core.



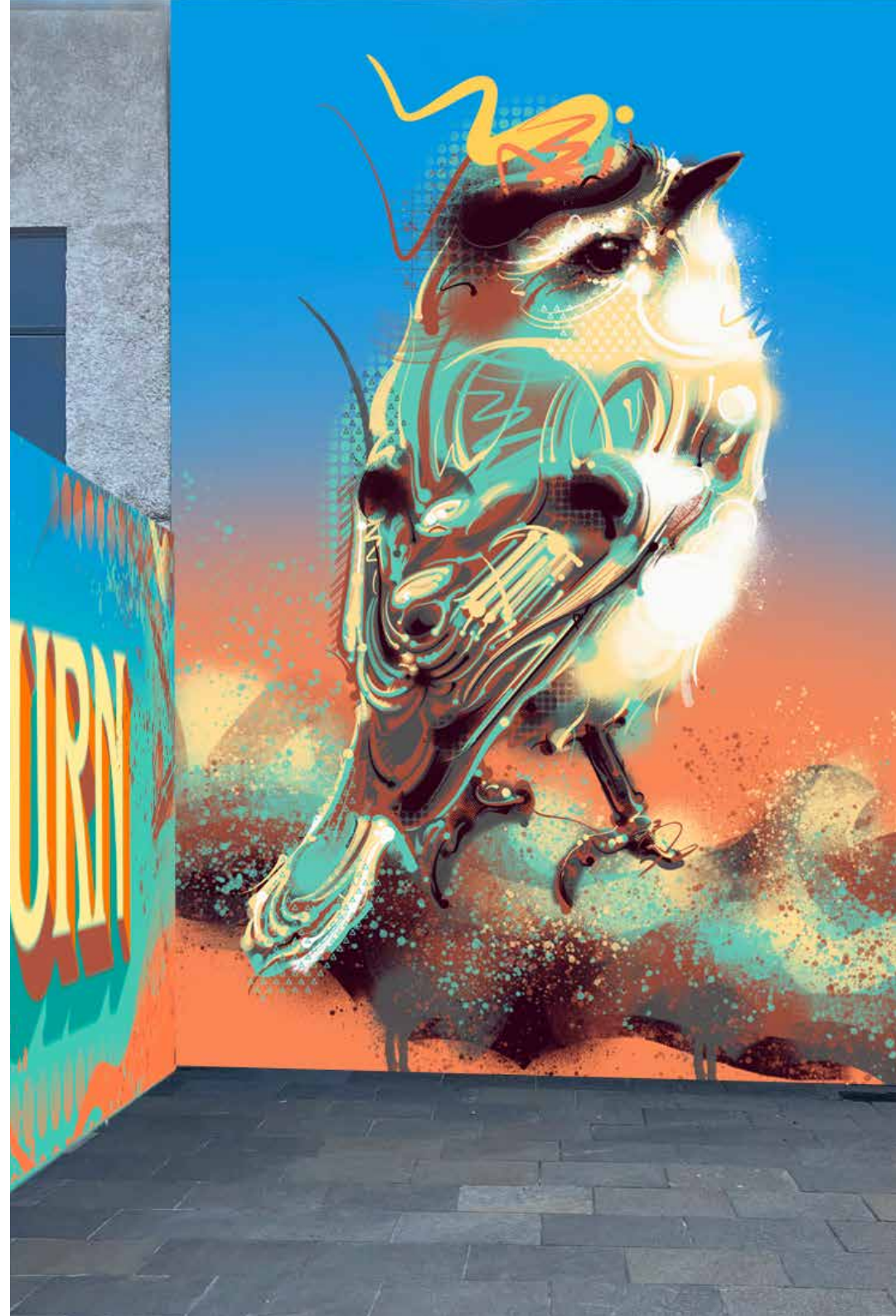
Our Place and People

The Clackmannanshire Context

In developing this plan a wide range of evidence, data and consultation feedback has been taken into account. This has helped us to get a good understanding of local aspirations and needs and also helped us to use information to shape priorities which will make the biggest difference over the next decade.

Although this plan focusses on outcomes that we are seeking to improve there is no doubt that Clackmannanshire as a place and its people have many untapped strengths. With the meandering River Forth to the south and the imposing Ochil Hills rising in the north, Clackmannanshire seamlessly merges the lowlands and the highlands. Although Scotland's smallest mainland local authority, Clackmannanshire hosts a wealth of historic sites and outstanding places to visit; benefits from its proximity to Scotland's two largest cities and strong transport links by road and rail and enjoys a robust digital infrastructure across our place.

There are other strengths too, with businesses more likely to do well in Clackmannanshire, strong natural assets with the potential to develop innovative and sustainable sources of economic growth through tourism and sustainability, excellent active travel routes, excellent access to green spaces and high rates of resident's satisfaction with the communities they live in.



Our Engagement on Priorities

We have listened to our communities and partners on what is most important to them and have incorporated this feedback into this plan and how we will work together as a partnership. For the most part the wellbeing priorities and influencers that were included in the engagement were felt to be the right ones, however there were some areas identified which needed a stronger focus and these are reflected in this plan:

- Maximising and leveraging the power of our partnerships and resources to empower communities to be resilient, drive change and design and implement local solutions which improve local outcomes. A greater focus on effective collaboration, information sharing, joint planning and budgeting and measuring and reporting on progress is critical to delivering these outcomes and priorities.
- Ensuring a focus on the importance of spaces and places including transport provision and active travel, safe spaces, town centre regeneration, buildings and assets, including community ownership of assets, accessibility and care of our natural assets.
- Tackling community safety and anti-social behaviour and reducing the impacts of drug and alcohol issues on communities
- Improving outcomes for people through preventative measures and actions which support better community mental health reduced levels of children living in poverty and reduced health inequality
- Improve wealth and opportunities for local people through business, employment, apprenticeships and through tackling financial inequality, and work to remove barriers such as childcare and transport.

Our Local Context

Population



Clackmannanshire has a population of 51,800 residents and 24,100 households. Under 14 year olds make up 15.7% of the population and 15-64 year olds make up 63.5% of the population. Both these age groups are projected to fall over the next 10 years. Over 65 year olds make up 20.8% of the population and this age group is projected to increase over the next 10 years.

Employment and Jobs



Employment rate and unemployment, number of local jobs and rates of pay, although improving, are all lower than the Scottish average. The number of people employed or self employed is 71% compared with a Scottish figure of 77%. The dependency ratio (the number of dependants on the working age population) is 61%, higher than the Scottish average and job density is lower than the Scottish average with less than one job for every 2 people in Clackmannanshire.

Health: Mortality and life expectancy



The life expectancy for males is below the national average at 77 years and healthy life expectancy is lower for both males and females. Long term health conditions are prevalent in Clackmannanshire and 20% of the population has at least one long term physical health condition. Suicide rates are also higher than the national average.

Poverty



Clackmannanshire has higher rates of workless households, 27% compared with a Scottish average of 18%; and 22% of children live in low-income families which again is higher than the Scottish average. Fuel poverty rates are also higher in Clackmannanshire with 23% of residents estimated to be affected.

Deprivation



A quarter of data zones (small areas) in Clackmannanshire are in the 20% most deprived according to the Scottish Index of Multiple Deprivation (SIMD). This takes into account a range of measures which include employment and incomes, health inequalities, crime rates and access to services. 28% of Clackmannanshire's population live in the most deprived SIMD quintile, significantly higher than the 16% who live in the least deprived quintile.

Women and Girls



Outcomes for women and girls living in Clackmannanshire continue to be relatively poor, with lower healthy life expectancy, lower employment and rates of pay and higher instances of domestic abuse and teenage pregnancy. Healthy life expectancy for women in Clackmannanshire is 59 years (compared with a Scottish figure of 61 years), and women working full time are paid £87 less each week compared with the Scottish average. Women are also much more likely to be fearful for their safety in their homes and in the communities they live.



Our Vision for a Wellbeing Economy in Clackmannanshire

Our Vision for a Wellbeing Economy in Clackmannanshire

When we talk about our vision for a wellbeing economy in Clackmannanshire, we mean simply one which values fair work, good health and sustainable business which can support a thriving population and natural environment for generations to come - getting a wellbeing economy right means that our people, economy and natural environment can all thrive.

Through our wellbeing economy pilot, a wide range of information and data was analysed and considered by partners and community groups. This work identified seven priority themes which were identified as important in making the biggest impact on inequalities in Clackmannanshire. These are shown in Figure 1 below.

Fig 1: Clackmannanshire Wellbeing Economy Priority Themes

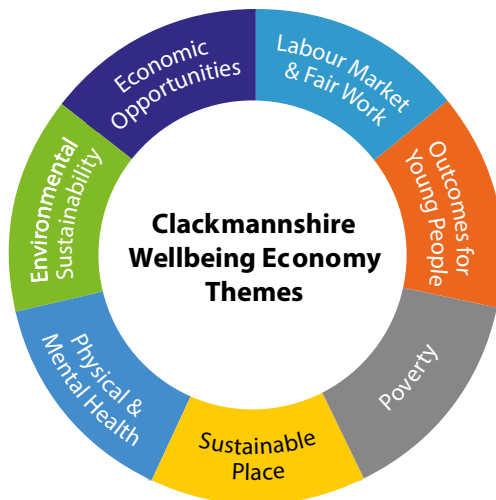


Fig 2: Clackmannanshire Wellbeing Drivers & Influencers



As part of the development of this plan a systems mapping exercise was completed working with the University of Sheffield and Public Health Scotland. This work, whilst complex, helped to identify parts of the whole system in Clackmannanshire which had the greatest capability to influence outcomes related to our wellbeing economy priority themes. An interactive map was developed through this work to help partners understand the system and where to focus efforts and resources to make the biggest difference. This work was discussed widely with partners and communities and from this engagement and our analysis we know the main drivers and influencers that we need to focus on for systemic change. These are shown in Figure 2.

The remaining sections of this plan set out the Alliance vision, outcomes, priorities and enablers. This section describes the changes that Alliance partners are striving to achieve, how those changes will be delivered, why they have been selected as priorities and how we will track and monitor progress.

We have agreed these outcomes and priorities as areas that partners and communities will work together to make a difference through the Clackmannanshire Alliance. Each partner also has individual plans which are complementary to the LOIP, however this plan focusses on those priorities which are jointly agreed by the Clackmannanshire Alliance.

Three strategic outcomes are agreed, around People, Place and Economy and Skills with the wellbeing priority themes and wellbeing enablers aligned under these. However, it is evident that a significant overlap exists between outcomes, priorities, actions as well as plans and programmes of activity set out in this plan. The Clackmannanshire Alliance acknowledges that collaboration, communication and flexible systems and processes based on the whole needs of citizens and communities will need to be planned and managed carefully to ensure that outcomes are met and demonstrated.

This plan for Clackmannanshire seeks to provide a clear line of sight across all partnership plans and connected to the ambitions for Scotland, set out in the National Performance Framework thereby creating a golden thread. How we will seek to achieve this is set out in the following pages of this plan.



Our Vision and Strategic Outcomes

Our vision:



Working together to reduce inequality and improve the wellbeing of all people in Clackmannanshire

Our Strategic Outcomes



Wellbeing: Working in partnership we will: reduce inequality, tackle the causes and effects of poverty and health inequality and support people of all ages to enjoy healthy and thriving lives



Economy and Skills: Working in partnership we will: help people to access fair work, learning and training; and will work together to build a strong local economy



Places: Working in partnership and with communities we will: create sustainable and thriving places where people have a sense of connection and have control over decisions.

Our Priority Themes for a Wellbeing Economy

| Wellbeing | Economy & Skills | Places |
|--|--|---|
| <ul style="list-style-type: none">• Physical and Mental Health & Wellbeing• Outcomes for Young People• Poverty | <ul style="list-style-type: none">• Labour Market & Fair Work• Economic Opportunities | <ul style="list-style-type: none">• Sustainable Places• Environmental Sustainability |

We explain in more detail how we will achieve these outcomes and why they have been chosen in the following sections. Detailed delivery and action plans will underpin the Wellbeing LOIP and a clear golden thread will align partnership plans across the Community Planning Partnership.

Partners have also agreed immediate priority action areas and focussed collaboration and planning on these will be taken forward as early partnership priorities. These areas are summarised at annex 1.

Strategic Outcome: Wellbeing

What difference do we want to make?

- We will work in partnership to help people to live longer in good health and improve the Health & Wellbeing of all ages in Clackmannanshire.
- We will work in partnership to improve the wellbeing of our Children and Young People and make Clackmannanshire the best place for all children to grow up and thrive.
- We will work in partnership to tackle the causes and effects of poverty and will work to mitigate the financial challenges for those most vulnerable in our communities.



Our partnership priorities under this outcome

In addition to the partnership working already in place we will:

- Improve the physical health of the population of Clackmannanshire, focussing on the prevention of health inequalities and the social determinants of health.
- Work in partnership to improve the health and wellbeing of women and girls in Clackmannanshire.
- Improve access to whole systems community based mental health, support and resources, as well as services, designed around the needs of those who require them.
- Work collaboratively with communities to design solutions to reduce the impacts of poverty with a focus on financial support, cost of living and childcare.
- Work with communities to put in place local support to enhance social connections, life skills and reduce social isolation across all communities in Clackmannanshire.
- Put in place mechanisms to improve local engagement with communities and the Clackmannanshire Alliance, including supporting all communities to develop local plans.
- Where it makes sense to do so, simplify and integrate plans and partnerships in place around the theme of wellbeing.

Why are we focussing on this?

- We want all residents in Clackmannanshire to thrive, to be healthy and to have equal access to opportunities. Our evidence tells us that by addressing physical and mental health we can influence other outcomes such as reducing poverty or increasing the number of people in fair employment.
- We want our children and young people to have the best start in life and have equal opportunities
- We don't think anyone in Clackmannanshire should go without basic human resources whether that is access to good quality food, warm and safe housing, clothing or a little money for extras.
- Our data tells us that too many children in Clackmannanshire are living in poverty.
- Our engagement told us reducing inequality across our communities is a priority area of focus.
- Our engagement and analysis told us that working alongside communities and those accessing services to design and implement solutions is the best way to improve outcomes in the long term.
- We want to reduce the impacts of gender-based inequality and improve health and wellbeing outcomes for women and girls living in Clackmannanshire.

Key plans & programmes

Plans

NHS Forth Valley Population Health Care Strategy Plan

Healthier Futures Plan

Sport and Active Living Framework

Children's Services Plan

The Promise in Clackmannanshire

Tackling Poverty Strategy

Family Wellbeing Partnership

Health and Social Care Strategy

Community Learning and Development Plan

Drug and Alcohol Plan for Clackmannanshire

Violence Against Women and Girls plan

Clackmannanshire Third Sector Interface Strategic Plan.

The National Improvement Framework (NIF)

Programmes

Mental Health Local Solutions

STRIVE

City Region Deal Flexible Skills Programme

Partnerships

Violence Against Women and Girls

Family Wellbeing Partnership

Clackmannanshire & Stirling Alcohol and Drug Partnership

Tackling Poverty Partnership

Children and Young People Partnership

Community Learning and Development Partnership

Community Justice Partnership

Strategic Outcome: Economy and Skills

What difference do we want to make?

Through Community Wealth Building principles we will:

- Work in partnership to have sustained and fair work employment opportunities ensuring people have access to develop and improve skills through training and learning.
- Embed regional skills plans to ensure that the skills of local people match the needs of local employers and future regional developments
- Have a strong, sustainable business base and a thriving economy.



Our partnership priorities under this outcome

In addition to the partnership working already in place we will:

- Work smarter as a partnership and with local business across Forth Valley, to increase the number of local young people accessing apprenticeships and employment in the region.
- Implement our Community Wealth building plan and Good Employment Charter across Clackmannanshire effectively harnessing the collective power of Local Anchor organisations.
- Take a local and regional approach to develop transport solutions which work for Clackmannanshire to help people access training and employment opportunities across Forth Valley.
- Challenge systemic barriers to accessing apprenticeships and increase the proportion of young people in apprenticeships.
- Work in partnership to increase digital inclusion across Clackmannanshire.
- Undertake strategic needs assessment and ensure effective support is in place to help people who face disadvantage into employment
- Build business base and encourage new business entries, particularly in social enterprises, cooperative models and employee-owned businesses.

Why are we focussing on this?

- We know from evidence that supporting people into sustainable and fair employment has a positive impact on other outcomes such as health, mental health and reducing poverty.
- We know that keeping money circulating in the local economy helps improve business growth, local employment, local spend, fair wages and community benefits.
- We know that supporting young people into work when they leave education or further education is really important especially when inequality is a factor.
- Our data tells us that we still have a long way to go to increase employment and reduce unemployment in Clackmannanshire in line with national rates.
- Our engagement told us that good quality local jobs, especially for young people, is a priority for Clackmannanshire.
- Our engagement told us that improving local transport solutions is important for our communities and residents.

Key Plans & Programmes

Plans

Community Wealth-building Action Plan

Regional Economic Strategy (in development)

Clackmannanshire Economic Strategy (in development)

Clackmannanshire Third Sector Interface Strategic Plan

Good employment charter

Skills Development Scotland Forth Valley Regional Skills Plan

Clackmannanshire Employability Action Plan

Local Employability Action Plan

Community Learning & Development Framework

Connectivity Commission

Programmes

Local Transport Solutions

City Region Deal Flexible Skills Programme

City Region Deal Active Travel Programme

City Region Deal Scotland's International Environment Centre

City Region Deal Alloa Innovation Campus

Clackmannanshire Works Programmes

Discover Clackmannanshire

No-One Left Behind

Sustainable Transport (various)

Partnerships

Clackmannanshire Anchor Partnership

Business Support Partnership

Local Employability Partnership

Strategic Outcome: Places

What difference do we want to make?

- We will work in partnership to improve environmental sustainability for Clackmannanshire, reducing carbon emissions and mitigating the impacts of climate change as well as increasing awareness of the challenges
- We will work in partnership to create thriving sustainable and resilient places which support improved wellbeing and help reduce inequality for our citizens.
- We will work in partnership to create local sustainability, maximising our natural capital and assets in Clackmannanshire to improve wellbeing.



Our partnership priorities under this outcome

In addition to the partnership working already in place we will:

- Promote active travel and continue to develop and build on active travel plans.
- As a partnership align property and asset management plans and clearly promote asset transfer opportunities.
- Work with local communities to make full use of community empowerment mechanisms and approaches to support service design and delivery, optimising the use and maintenance of places and spaces in Clackmannanshire's communities.
- Continue to support the multi-agency partnership, Clacks Good Food which has a focus on local food growing as well as providing dignified routes to food, improving breastfeeding levels and nutrition and promoting buying local.
- Work with communities to identify local solutions to creating safe, inclusive and attractive places.
- Work with communities to support them to develop and implement local community led plans and solutions to deliver thriving places.
- Increase the proportion of people in Clackmannanshire volunteering.

Why are we focussing on this?

- We are committed to playing our part to reduce emissions and work towards net zero.
- We understand from evidence that access to good quality green spaces for play and recreation contributes to wellbeing and good mental and physical health.
- We know that places and spaces which are well maintained, safe and under the stewardship of local communities increases a sense of pride, identity, belonging and satisfaction.
- We know from our engagement that maximising and optimising our natural assets, building and properties for the benefit of all is important to local communities.
- We know that heritage, history and community connection to places and spaces is important to people.
- We know that our population profile is going to change over the next 20 years, and the way that services are designed and delivered needs to change to reflect local population needs.

Key Plans & Programmes

Plans

Local Development Plan

Clackmannanshire Sustainability Strategy

Clackmannanshire Good Food Plan

Clackmannanshire Third Sector Interface Strategic Plan

Alloa Town Centre Master Plan

Community Safety/Anti-social behaviour Strategy

Clackmannanshire Climate Strategy

Local Police Plan for Clackmannanshire

Local Fire Plan for Clackmannanshire

Programmes

Clacks Good Food Partnership

City Region Deal Active Travel Programme

City Region Deal Scotland's International Environment Centre

City Region Deal Alloa Innovation Campus

Partnerships

Clacks Good Food Partnership

Climate Change Board

Community Planning in Clackmannanshire

Community Planning Partnerships have a responsibility to work with communities to plan, resource and deliver integrated public services, reduce inequalities and significant disadvantage and bring about sustainable improvements to local outcomes. The Clackmannanshire Alliance, our Community Planning Partnership, brings together the key organisations that can make a difference to people's lives locally. All partners are committed to the principles of a wellbeing economy in Clackmannanshire and all partners are jointly accountable for the delivery of this plan.

The Clackmannanshire Alliance recognises that delivering the priorities in this plan is not an easy task. We understand that, due to the size of Clackmannanshire, we have many opportunities and also challenges, which are unique to our place. Community planning is complex, however, with several duties, responsibilities and obligations which are no different to the largest community planning partnerships in Scotland, working in partnership for our communities is more important than ever.

Understanding the breadth of responsibility on the partnership and responding to the areas of inequality we have identified in Clackmannanshire is a challenge for partners and communities. We will do everything we can to ensure that our partnership has the resources and capacity to deliver the required change to achieve a wellbeing economy in Clackmannanshire.

We understand that is going to be challenging, so how we work as a partnership is critical. Our partnership working arrangements need to reflect our LOIP and it is crucial that our partnership's planning, performance and delivery framework is simple, clear and aligned. To ensure that we implement effective partnership arrangements we will apply strong governance, accountability and collaboration in all that we do and will strive to continually make improvements as a partnership.

An early partnership priority will be to review our partnership operating arrangements, to ensure they reflect the priorities that we have identified through this LOIP. Our mechanisms for engaging with communities, local businesses and the third sector will be a key part of that review. Our current partnership structure includes both regional and local partnerships and our Memorandum of Understanding sets out how we will work in partnership. This will be refreshed as part of the review.

Our Partnership Plans

Sitting alongside the LOIP there are several significant plans in Clackmannanshire which shape how we work in partnership and how we improve outcomes locally. These plans will be reviewed to ensure they align with the LOIP and partners will continue to provide leadership and resources to deliver these plans and ensure that the vision, strategic outcomes and priorities presented in this LOIP are achieved. The full list of these plans is provided at annex 3.

Health and Social Care

The Clackmannanshire and Stirling Health and Social Care Partnership published its Strategic Commissioning Plan in 2023. The plan has established five priorities for focus over the next 10 years:

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting people and empowering communities
- Reducing loneliness and isolation.

This plan, alongside the Locality Plan for Clackmannanshire, aligns with the Wellbeing Local Outcome Improvement Plan and vice versa and both the Health and Social Care Partnership and Clackmannanshire Alliance is committed to complementing and supporting the priorities and outcomes for Clackmannanshire. Further information on the Strategic Commissioning Plan can be accessed on the Clackmannanshire and Stirling Health and Social Care Partnership website <https://clacksandstirlinghscp.org/about-us/strategic-plan/>



Our Performance Framework

In Clackmannanshire we have a solid foundation of working together to improve outcomes for Clackmannanshire and our refreshed LOIP seeks to build on that work. The way the partnership engages individuals and works with communities to develop solutions that will achieve real and lasting change for future years is crucial.

How performance is managed across the partnership is also important in ensuring the right decisions are made and that progress is monitored and reported effectively in line with our duties on Best Value.

Clearly setting out the golden thread is also important, so there is a clear line of sight from the National Performance Framework to the LOIP Outcomes and the plans and strategies which support the deliver of the LOIP (see fig 3). It is also important that we clearly set out a simple framework of reliable and robust performance measures which provide a high-level, meaningful snap-shot of progress being made by partners over the next 10 years. It is intended that these measures are kept under review to ensure that they are reliable, measureable and that they provide meaningful data for the Clackmannanshire Alliance and Clackmannanshire's communities.

How will we know we are making a difference?

As part of the work we have undertaken with Scottish Government a performance dashboard has been developed based on the wellbeing economy outcomes and priorities identified for Clackmannanshire. These provide high level tracking information for partners to monitor progress based on robust and reliable data at Clackmannanshire level. This dashboard seeks to complement performance measures contained in delivery plans and strategies aligned with this plan.

Further information on how we work in partnership, the structure of the Clackmannanshire Alliance and performance management can be found at www.clacks.gov.uk/community/planning/

The Golden Thread



Fig 3: The National Performance Framework; Wellbeing Priorities and Strategic Outcomes.



Clackmannanshire Wellbeing Local Outcomes Improvement Plan: High level dashboard measures

| Strategic Outcome: Wellbeing | Strategic Outcome: Economy and Skills | Strategic Outcome: Places |
|---|---|--|
| % of children living in low income families | Claimant count: 18-24 years and 25 years + | % Recorded crimes per population |
| % of children living in poverty | Modern apprentice numbers (total and by gender) | % Population with access to green and blue spaces (within 5 minutes from home) |
| % of population in fuel poverty | % of workless households | SIMD 20% most deprived (local share) |
| Suicide rate per population | Employment Rate | % residents satisfied with public services |
| Teenage Pregnancy | Median earnings (male and female) | % of local communities with plans in place |
| % School leavers in Positive destinations | Population projections | No. of assets in community ownership |
| Drug related deaths | Local procurement spend | % of adults who agree that there are places to meet and socialise in their neighbourhood. |
| % residents surveyed who rate their neighbourhoods as a 'very good place to live.' | Dependency ratio (Dependents as proportion of working age population %) | SIMD quintile |
| % residents satisfied with local health services | Business survival rates | % of adults who have very or fairly strong sense of belonging to a community. |
| % households with home internet access | Gender pay gap | % of adults who feel safe in their own homes at night. |
| % of adults who agree they are in good or very good health. | % of 16-19 year olds in education, training or employment | % adults who agree with the statement 'I can influence decisions affecting my local area'. |
| | | % of adults who participate in weekly volunteering. |
| <p>Note: Measures selected as robust and available at small geography level. Additional measures are included in strategies and delivery plans which underpin the LOIP and which will be tracked and reported by the Alliance. Work is underway on developing community wealth and health building measures and we will review the high level dash board measures to reflect this work and incorporate these when this work is completed. Alliance partners will keep these performance measures under regular review as part of our performance management approaches to ensure that we are measuring the right indicators. These measures seek to complement the Wellbeing Economy Monitor Wellbeing economy monitor - gov.scot (www.gov.scot) and National Performance Framework (Scotland's Wellbeing Framework).</p> | | |

Annex 1: Priorities for 2025/26

Through our engagement and development activity, partners have identified a set of clear immediate priorities for 2025/26. Planning to address these priorities will begin shortly with delivery plans and specific measures developed and agreed by the Clackmannanshire Alliance. Capacity and resource plans alongside specific measures to track progress will also be identified.

This work will focus on the following agreed immediate priorities:

- Implementing measures which improve mental health through access to whole systems community based mental health, support and resources.
- Developing transport solutions which meet local needs in Clackmannanshire
- Reducing the level of child poverty in Clackmannanshire and mitigating its impacts
- Implementing measures which improve the health and wellbeing of women and girls and tackle gender inequality in Clackmannanshire.
- Implementing robust and effective partnership programme management and governance arrangements to ensure collective and shared accountability, transparency and which demonstrates continuous improvement to our communities.

Delivery plans will be kept under regular review and priorities for future years will be agreed and published for transparency.



Annex 2: Clackmannanshire Wellbeing Economy Local Outcomes Improvement: Plan on a Page

| Our Vision for Clackmannanshire: Working together to reduce inequality and improve the wellbeing of all people in Clackmannanshire | | |
|---|--|--|
| Our Strategic Outcomes 2024-34 | | |
| Wellbeing | Economy and Skills | Places |
| We will work in partnership to help people to live longer in good health and improve the Health & Wellbeing of all ages in Clackmannanshire. | Working in partnership we will: help people to access fair work, learning and training; and will work together to build a strong local economy. | Working in partnership and with communities we will: create sustainable and thriving places where people have a sense of connection and have control over decisions. |
| Our Priorities 2024-34 | | |
| <ul style="list-style-type: none"> We will work in partnership to improve the Health & Wellbeing of all ages in Clackmannanshire; and will work to tackle health and wellbeing inequality. We will work in partnership to improve the wellbeing of our Children and Young People in Clackmannanshire. We will work in partnership to tackle the causes and effects of Poverty. | <ul style="list-style-type: none"> We will work in partnership to improve employment opportunities and ensure people have access to develop and improve skills through training and learning We will work in partnership to harness the collective power of Local Anchor organisations with a focus on developing a strong local business base and economy. We will implement our Community Wealth building plans ensuring a continued focus on fair work for all, but also targeting efforts where there is inequality. | <ul style="list-style-type: none"> We will work in partnership to improve environmental sustainability for Clackmannanshire, reducing carbon emissions and mitigating the impacts of climate change as well as increasing awareness of the challenges. We will work in partnership to create sustainable places which support improved wellbeing and help reduce inequality. We will work in partnership to create local sustainability, maximising our natural capital and assets in Clackmannanshire to improve wellbeing. |
| Our Actions 2024-34 | | |
| <ul style="list-style-type: none"> Improve the physical health of the population. Improve the health and wellbeing of women and girls in Clackmannanshire. Improve access to whole systems community based mental health support, resources as well as services. Design solutions to reduce the impacts of poverty with a focus on financial support, cost of living and childcare. Put in place local support to enhance social connections, life skills and reduce social isolation. Put in place mechanisms to improve local engagement with communities including supporting all communities to develop local plans. Simplify and integrate plans and partnerships in place around the theme of wellbeing. | <ul style="list-style-type: none"> Increase the number of local young people accessing apprenticeships and employment in the region. Implement our Community Wealth building plan and Good Employment Charter. Develop local transport solutions. Increase the proportion of young people in apprenticeships. Increase digital inclusion across Clackmannanshire. Implement effective support is in place to help people who face disadvantage into employment. Build business base and encourage new businesses. | <ul style="list-style-type: none"> Promote active travel and continue to develop and build on active travel plans. align property and asset management plans and clearly promote asset transfer opportunities. Implement community empowerment mechanisms and approaches optimising the use and maintenance of places and spaces in Clackmannanshire's communities. Implement Clackmannanshire's Good Food Strategy Identify local solutions to creating safe, inclusive and attractive places. Develop and implement local community led plans and solutions to deliver thriving places. Increase the proportion of people in Clackmannanshire volunteering. |

Annex 3: Clackmannanshire Community Planning: Partnership Plans

The full list of partnership plans in Clackmannanshire which underpin the LOIP is provided below.

| Scottish National Performance Framework Outcomes | |
|--|--|
| Clackmannanshire Wellbeing Local Outcomes Improvement Plan 2024/34 | |
| Community Wellbeing One Plan One Report comprising: Community Justice Strategy and Plan Children's Services Plan Community Learning and Development Strategy and Plan Family Wellbeing Partnership Plan The Promise Plan Violence Against Women and Girls Plan Tackling Poverty Plan | |
| Health and Social Care Locality Plan | NHS Population Health Plan |
| Community Wealth building Plan | Clackmannanshire Local Development Plan |
| Regional Economic Strategy | Local Police Plan |
| Clackmannanshire Council Be the Future Plan | Local Fire Plan |
| Clackmannanshire Anti-social behaviour Strategy | Clackmannanshire Third Sector Interface Strategic Plan |
| Community Wealth-building Action Plan | Clackmannanshire Employability Action Plan |
| Regional Economic Strategy (in development) | Local Employability Action Plan |
| Clackmannanshire Economic Strategy (in development) | Community Learning & Development Framework |
| Good employment charter | Connectivity Commission |
| Skills Development Scotland Forth Valley Regional Skills Plan | Healthier Futures Plan |
| Health and Social Care Strategic Commissioning Plan | Alcohol and Drugs Partnership Delivery Plan |
| Local Employability Action Plan | The National Improvement Framework (NIF) |
| Sport and Active Living Framework | Clackmannanshire Climate Strategy |
| Alloa Town Centre Master Plan | Clackmannanshire Sustainability Strategy |
| Clackmannanshire Good Food Plan | |



Strategic Planning Group

Minute of meeting held 23 October @ 2pm

| Name | Position |
|------------------------|--|
| In Person | |
| Wendy Forrest | Head of Strategic Planning and Health Improvement, Health & Social Care Partnership (HSCP) |
| Cllr David Wilson | Integration Joint Board Chair and Chair of Strategic Planning Group (Chair) |
| Lesley Fulford | Senior Planning Manager HSCP |
| Jennifer Baird | Contract & Commissioning Service Manager HSCP |
| Simon Jones | Health Improvement Specialist Manager (ADP and Mental Health), HSCP |
| Jessie-Anne Malcolm | Public Involvement Coordinator, NHS Forth Valley |
| Dr Jennifer Borthwick | Director of Psychology / Head of Clinical Services (MH&LD) |
| Paul Smith | Senior Planning Manager, NHS Forth Valley |
| Alan Clevett | Stirling Voluntary Enterprise Ltd |
| Ann Farrell | Principal Information Analyst HSCP |
| Teams | |
| David Williams | Interim Chief Officer HSCP/IJB |
| Robert Clark | Employee Director, NHS Forth Valley |
| Michelle Duncan | Planning and Policy Development Manager |
| Lyndsay Macnair | Thriving Community Engagement Manager, Stirling Council |
| Dougie Porteous | Head of Sport Physical Activity and of Inclusion Active Stirling |
| Linda Riley | Service User Representative |
| Emma Mitchell | SDS Lead Officer HSCP |
| Hazel Meechan | Public Health, NHS Forth Valley |
| Lynn Mahar | CTSI Third Sector Interface Clackmannanshire |
| Laura McKenzie | Operations Manager Falkirk & Clackmannanshire Carers Centre |
| Marjory MacKay | Strathcarron Hospice, NHS FV |
| Lisa Powell | Planning and Policy Development Manager |
| Ewan Murray | Chief Finance Officer HSCP |
| In attendance | |
| Fiona Norval | Minute taker / PA |
| Apologies | |
| Keri Moore | Stirling Carers Centre |
| Kainde Manji | Depute CEX of SVE Stirling |
| Hazel Chalk | Short Break coordinator HSCP |
| Jennifer Kennedy | Carer Lead Officer, HSCP |
| Mike Evan | Urban Locality Planning Network Chair |
| Janette Fraser | Head of Planning, NHS Forth Valley |
| Anthea Coulter | CTSI Third Sector Interface Clackmannanshire |
| Anita Paterson | Service Manager Health Improvement HSCP |
| Allan Rennie | Vice-chair Integration Joint Board Chair |
| Karen Garrett- Russell | Engagement Lead Stroke Association |
| Michael Grassom | Interim CSWO Stirling Council |
| Alex Gibson | |
| James King | GP Clinical Lead and Locality Coordinator HSCP |
| Katy McBride | Housing, Health and Social Work Policy and Research officer HSCP |
| Julie Morrison | Stirling Council UNISON |
| Lorraine Thomson | Stirling Council UNISON Branch Secretary |
| Jennifer Champion | Interim Director of Public Health NHS Forth Valley |
| Julie Anne Moore | Commissioned Service Lead, Alzheimer Scotland |

1. Welcome from Chair & Apologies for absence.

Cllr David Wilson welcomed all to the Strategic Planning Group (SPG).

2. Draft Minute of the meeting held on 21 August 2024 – Hybrid

The note of the meeting held on 21 August 2024 was approved as an accurate record.

3. Action Log & Matters Arising

Action Log picked up via agenda in meeting and updated.

No. 34 - Anthea Coulter advised there is a meeting 25 October, 24 and hopefully thereafter a small steering group will be pulled together and pull into locality working meetings around this as a partnership report.

3.1 Matters arising

None

4 2024 – 2025 Quarter 2 Performance Report

Ann Farrell Principal Analyst

Ann Farrell shared a presentation and provided an update on data for Q2 Performance, advising this information combines both Stirling and Clackmannanshire information and data for wider oversight.

**5. Locality Planning - update from *Locality Planning Networks and Locality Plans*
*Locality chairs***

Alan Clevett provided a verbal update around the work to date. The last round of network meetings took place in September with a meeting in each area.

The topics:

Urban Locality Planning Network Mental Health & Wellbeing was the main features, being a presentation from TSI around Community Link Workers, HSCP Health Improvement team – Step on Stress information, presentation from the Royal Horticultural Society, Forth Valley's Men's shed and The Conservation Volunteers.

Rural Locality Planning Network Mental Health & Wellbeing was the main features, being a presentation from TSI around Community Link Workers, HSCP Health Improvement team – Step on Stress information along with a discussion around "How can we better connect communities across Rural Stirling"?

Clackmannanshire Locality Planning Network: Mental Health & Wellbeing was the main features, being a presentation from TSI around Community Link Workers, presentation from Resonate, HSCP Health Improvement team – Step on Stress information

The next round of meetings are scheduled for:-

Rural – 14 November 24

Urban – 19 November 24

Clackmannanshire – 22 November 24



Topics for next round of meetings will be around:

Rural – Caring & connecting communities in Rural Stirling, along with Discussion on Dementia supports in the community and mental health and wellbeing Strategic Commissioning Plan - Presentation on draft Strategic priorities and discussion.

Urban - Discussion on Dementia supports in the community and mental health and Wellbeing Strategic Commissioning Plan - Presentation on draft Strategic priorities and discussion.

Clackmannanshire - Community supports for those affected by substance use and Wellbeing Strategic Commissioning Plan - Presentation on draft Strategic priorities and discussion.

A workshop has been arranged for Workshop of 8 November to reflect on progress and plan into 2025.

Locality Planning Network Programme 2025 session has been arranged for 15 November. 2024. Locality working is the promotion of what we do and how best to utilise existing resources and signposting and ways of communicating. Work to be undertaken to improve our communications, potentially holding some of our events in the early evenings.

6. Helping earlier & preventing harm

Simon Jones, Service Manager Health Improvement & Cat Tabbner, Senior Health Improvement Officer

Simon Jones shared a presentation on “helping earlier and preventing harm to Mental Health and Wellbeing”, which will provide update on action no. 35 on the action log along with an update on:

- General context for Mental Health and Wellbeing
- Our engagement so far
- Our plans
- Our proposed next steps

Simon provided some content around what we mean by Mental Health and Wellbeing and how this activity fits in as the Health Improvement team work across all 3 localities, through a range of activities, always working in a community lead model, working with Third sector, Councils and Community sectors

- Our ability to think and feel in ways which help us live and grow together.
- Sometimes this includes specialist support, but we all have mental health and wellbeing.
- Inherently these are social and environmental conditions, so our response needs to think about people in their contexts and communities.

Simon Jones explained where Health Improvement fits:-

- Our team works to improve self-management and community support capacity, across localities.
- We do this through various activity, and we’re working now to make sure this is community-led in line with a Human Rights Based Approach.
- Health Improvement activity is inherently whole-system, and supports population health.



Simon Jones advised how the social determinants of health and how people's mental health and wellbeing are strongly linked through: *-Housing, family relationships, employment and learning, food security, income and social protection, early childhood development and others.* Health improvement activity needs to be organised in a way that recognises the importance of these connections in people's lives.

The Health Improvement team are looking to enhance their communications to share information, along with contributing to Commission Consortiums and Locality Planning Networks.

The next steps:

- We will develop plans for peer support coordination activity, with further input.
- We'll establish the participation and engagement structures needed to include people in ongoing reflection and development.
- We'll review our training offer and consider how we can deliver in line with partners' needs, within available resource.
- We'll reach out across HSCP services and localities so the new approach has reach across the whole system.

7 Mental Health and Well-being Strategic Commissioning Plan engagement

Dr Jennifer Borthwick Director of Psychological Services, Mental Health & Learning Disability; Lesley Fulford, HSCP Senior Planning Manager; Paul Smith, NHS Forth Valley Senior Planning Manager

Dr Jennifer Borthwick shared a presentation and provided an update of work to date. This engagement is being undertaken as a Pan FV approach, with this is the first meeting being our engagement session, with further consultation being undertaken.

Progress So Far

- Establishment of Steering Group.
- Analysis of available data.
- Review of relevant local and national policies.
- Development of engagement plan.
- Drafting of high level strategic priorities to take to stakeholders

Discussion took place around people presenting at Emergency Departments with mental health issues what individuals are presenting with, therefore if we are looking at early prevention, we need to ensure people present in the right place for the right support. Dr Jennifer Borthwick advised there is a mental health acute assessment team, who assess on site, but there can be a bit of a gap as some people do not want to engage in the traditional means. A trail is underway looking at community support for this type of group.

Dougie Porteous advised that picking up on both presentations, Active Stirling would be interested in physical and mental health working in partnership around a couple of other pieces of work. Scottish Government have released a framework on Physical activity for health – link - <https://www.gov.scot/publications/physical-activity-health-framework/> and Stirling are in the Stirling in the process of development a sports health and living strategy there will be strong colorations and keen to pick this up with both.

| | |
|---------|---|
| Action: | Physical activity for health - Dougie Porteous, Simon Jones and Dr Jennifer Borthwick to pick this up off line. |
|---------|---|



8. Learning Disability Commissioning Plan

Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability

Dr Jennifer Borthwick shared a presentation advising the Key commissioning driver is:-

- Implementing the Clackmannanshire & Stirling Self-Directed Support Policy for Adults with Learning Disabilities (tabled at November IJB)

Dr Borthwick provided an overview of the current Learning Disability Services and provided an update on where we have got to on our plans around modernisation of this service, advising a paper will be taken to the IJB on 20 November 2024.

Going forward:

- We need to commission and deliver things differently for adult with learning disabilities – for both improvement and financial reasons.
- Needs full engagement with local communities, service users, families, staff, trade unions and professional leads at every step.
- There is a degree of risk – but given the policy and financial context, we think this is the right approach.

9. Financial position / Budget Update

Ewan Murray, Chief Finance Officer

Ewan Murray provided a verbal update advising he presented very challenging report to the October 2024 IJB. The report set out a range of possible over spend scenarios, which is very concerning. The report also sets out areas where we could still manage our strategic priorities in a different way, but none of these are quick easy fixes. Extensive work involved and due processes required to be undertaken to deliver any changes into future years.

The IJB asked that we take back a future finance recovery plan in special IJB in November, covering the budget position this year which is very difficult, given most of spend is within workforce costs along with primary care prescribing overspend. here will be a lot of difficult decision within this and possible moving to some form of critical response for period of time in parallel working on all this redesign and reform.

Ewan Murray advised that planning work in ongoing on next year's budget working on a number of assumption which will be determined via London and Edinburgh budgets.

Any other business & close

Wendy Forrest updated meeting around advising this was David Williams last meeting as Interim Chief Officer and wished to thank him for his commitment and hard work for the people of Clackmannanshire and Stirling.

DW advised one thing he wished to convey, having held an Chief Officer position within another HSCP and involved in and around this work for over 10 years, he has not seen as wide an engagement that happens here, and the SPG is an important forum for officers to bring reflections views etc to begin to hear what are the things the LPN working is so important to what we are striving to do – shifting the balance of care to support people in their own homes, communities firstly

Date of Next Meeting -- 11 December 2024 @ 2.30 pm - Hybrid Meeting & Board Room, Carseview House Castle Business Park Stirling



**Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**

held on **Wednesday 18 September 2024 2 pm – 4 pm** in the Boardroom, Carseview House, Stirling, and hybrid via Microsoft Teams

Present:

Voting Members

Councillor Martin Earl, Stirling Council (Chair)
Martin Fairbairn, Non-Executive Board Member (V Chair)
Janine Rennie, Clackmannanshire Council

Non-Voting Members

Robert Clark, Employee Director, NHS Forth Valley

In Attendance:

David Williams, Interim Chief Officer
Ewan Murray, Chief Finance Officer
Irfan Shahid, Audit Manager, Deloitte LLP
Satinder Singh, Director, Deloitte LLP
Lesley Fulford, IJB Standards Officer
Sandra Comrie, PA (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

No apologies were received.

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. DRAFT MINUTE OF PREVIOUS MEETING HELD ON 26 June 2024

The draft minute of the previous meeting held on 26 June 2024 was approved, subject to the following amendments:

Item 5 Matters Arising, was updated with the following text:

Internal Audit Report Sharing

Isabel Wright advised that Internal Auditors across Forth Valley were reviewing the effectiveness of the Internal Audit Sharing Protocol and the protocol would be updated in due course.

4. ACTION LOG

The Action Log was discussed and updated accordingly.

5. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

None

6. DEEP DIVE: IJB RESERVES

Mr Ewan Murray, Chief Finance Officer presented a paper on IJB Reserves to the Committee.

Following on from previous discussions regarding the IJB reserves policy and strategy, Mr Murray explained that the paper, along with the current reserves policy and CIPFA guidance, set out the legislative framework and relevant guidance on the reasons IJBs hold reserves and how they should be used.

Councillor Rennie asked whether there was a plan in place to recover reserves from each of the local authorities with the possibility of having joint reserves. Mr Murray explained that whilst the Integration scheme allowed the constituent authorities to discuss reserves, legislation didn't allow IJBs to use them jointly. The Committee agreed that the money in the reserves should be flexible, Mr Murray confirmed earmarked reserves are reviewed against existing expenditure plans regularly.

The Committee discussed the reserves policy and CIPFA guidance. Mr Fairbairn suggested that additional wording is included in paragraph 17 of the reserves policy under "Level of Balances Held" to address unexpected expenditure. Mr Murray agreed and confirmed that the reserves policy is reviewed annually, and an updated version will go to the IJB on 26 March 2025 for approval.

The Audit and Risk Committee:

1) Discussed and debated the content of the report.

7. 2023/24 PROPOSED ANNUAL AUDIT REPORT (AAR)

Mr Satinder Singh, Director, Deloitte LLP presented the 2023/24 Proposed Annual Audit Report (AAR) to the Committee.

Mr Singh provided a high-level overview of the Annual Audit Report, discussing the key messages. He confirmed the audit was now complete, and no material errors had been identified, providing a high-quality set of accounts. All

outstanding matters had been cleared and a signed copy of the accounts would be provided via the docu-sign process.

One significant risk had been identified, Management Override of Control. Mr Singh did not go through this in detail as his focus was on the wider scope work and financial sustainability. He was confident that management were aware of the concerns with the reserves and confirmed the control findings were included in the report for noting purposes. A summary of the key estimates and judgements considered were also included in the report.

Mr Murray discussed the points around deliverables and access to the finance team and other key personnel, he agreed there was scope for improvements to be made around this and Deloitte's overall audit process and this would be further discussed prior to the development of the 2024/25 Annual Audit Plan.

Mr Murray confirmed he had shared a copy of the Annual Audit Report, and the proposed management responses, with the Chief Finance Officers from both Clackmannanshire and Stirling Council who were comfortable with these.

The Committee were satisfied with the management responses and agreed that meeting with all the constituent authorities within required timescales could prove difficult. In her role of Chair of Clackmannanshire Council's Audit and Scrutiny Committee, Councillor Rennie suggested that she is made aware of any challenging matters to enable her to raise these early and, if required, take these to the Committee meetings to be discussed. Mr Singh agreed this would be helpful.

Mr Fairbairn provided feedback explaining the content of the report was good, but the structure was too long and repetitive. Mr Singh agreed to try and tailor the report more to the Committee's needs next year.

Mr Fairbairn and Councillor Earl discussed the following points in the report:

- the costs relating to Stirling Council House Aids and Adaption
- no reliance placed on Internal Audit, which is in line with moderate internal audit good practice.
- the approval of the plan in June 2023 not being in line with best practice as it should have been approved prior to the start of the financial year in April 2023
- the current Interim Chief Executive of NHS Forth Valley is no longer a voting IJB member, and therefore not an ARC member, therefore the potential conflict of interest is now addressed
- the target dates on the action plan and management responses of March 2025.

Following discussion, the Committee agreed on which points should be reworded for clarity, Mr Murray provided reassurance that the action plan and March 2025 target date were achievable. They agreed it was a good report considering the current challenges faced.

The Audit and Risk Committee:

- 1) Discussed and noted the 2023/24 proposed Annual Audit Report (ISA 260)**

8. 2023/24 IJB ANNUAL ACCOUNTS

Mr Ewan Murray, Chief Finance Officer presented the 2023/24 IJB Annual Accounts to the Committee.

Mr Murray confirmed that external audit will close off the outstanding matters referenced in the Annual Audit Report and that the clean audit certificate was contained within the Annual Accounts. The annual review of performance was incorporated in the final accounts which reflects some of the presentation of the Annual Performance Report going to the IJB on 02 October 2024.

The Annual Accounts provided an overview of financial performance of the partnership alongside an overview of wider performance drawn from the Annual Performance Report. Mr Murray explained that due to the imminent retirement of the audit partner at Deloitte LLP, he was approached to seek a way to allow the IJB accounts to be approved and signed before 30 September 2024. To avoid delay, it was agreed the accounts be brought to the Audit and Risk Committee for consideration and approval before going to the IJB on 02 October 2024 for approval. The Committee discussed some minor wording amendments which were required to be made before signing and publication.

The Audit and Risk Committee:

- 1) Considered and discussed the audited 2023/24 annual accounts.**
- 2) Approved the 2023/24 annual accounts to the Integration Joint Board for signing and publication on the IJB website.**
- 3) Noted that the accounts and Annual Audit Report will be presented to the IJB meeting on 2 October 2024.**

9. STRATEGIC RISK REGISTER

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register to the Committee.

Mr Murray confirmed the Strategic Risk Register had been fully revised to reflect articulation of risks in a Risk Cause and Effect basis with Impact Category, Risk Appetite and Risk Tolerance assigned to each risk. This review has resulted in a reduction of the number of total Strategic Risks as it highlighted areas of duplication.

Mr Fairbairn agreed the new format provided a clearer analysis of the risks, and suggested they are set out slightly different as Cause, Risk and Effect as the cause and nature of the risk should be clearer. The Committee agreed clearer clarity was required to ensure there are enough controls in place.

The Committee agreed that the Mitigation and Controls descriptions still required some work, as it was a new format they agreed that the paper going to the IJB on 02 October 2024 be updated to reflect that it was an evolving process.

Councillor Rennie questioned whether the colour of the Patient/Service User Experience was correct as it was coded green not red, although the risk was high. Mr Murray explained that it reflected the colour chart for risk appetite and risk tolerance statements in the risk management strategy, he agreed to add some wording to this for clarity.

Councillor Earl asked if there should be an update added to the Inadequate Leadership, Decision Making and Scrutiny risk as the IJB is heading into a period of significant change of leadership, and an unprecedented period of decision-making. Mr Williams suggested that rather than adding this to the Risk Register, the Strategic Risk Register paper going to the IJB on 02 October 2024 is updated to reflect that the Audit and Risk Committee highlighted the risks relating to leadership stability, particularly the immediacy of changes at leadership level including the recruitment to the interim Chief Officer post and changes at Chief Executive and other senior posts across the constituent authorities. Councillor Earl and Mr Williams agreed to brief the new IJB Chair on this as part of the introduction and induction arrangements.

The Audit and Risk Committee:

- 1) Reviewed and approved the Strategic Risk Register**
- 2) Discussed and commented on the structure of the revised Strategic Risk Register**
- 3) Noted that the full Strategic Risk Register will be presented to the IJB on 2 October 2024**

10. RELEVANT NATIONAL REPORTS: Accounts Commissioning Report

Mr Ewan Murray, Chief Finance Officer presented the Accounts Commissioning Report to the Committee.

Mr Murray asked the Committee to note the Accounts Commissioning Report, IJB Finance and Performance 2024, and its relevance to the context the IJB operates within, and the significant risks in relation to service and financial sustainability.

Mr Murray explained the report was brought to the Committee in line with the Terms of Reference and the key messages and recommendations will help with changes going forward.

Following discussion, the Committee agreed it would be helpful to re circulate this to IJB members to enable the new IJB Chair to review it also.

The Audit and Risk Committee:

- 1) Noted the report and its direct relevance to the IJB and partners.**
- 2) Noted the key messages and recommendations from the report.**
- 3) Noted that the findings of the report will be used to inform future business brought to the IJB and IJB committees.**

11. ANY OTHER COMPETENT BUSINESS

The Committee expressed their appreciation to Mr Williams for his valued contribution to the Committee over the last year.

12. DATE OF NEXT MEETING

04 December 2024

**Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**

held on **Wednesday 04 December 2024 2 pm – 4 pm** in the Boardroom, Carseview House, Stirling, and hybrid via Microsoft Teams

Present:

Voting Members: Councillor Martin Earl, Stirling Council (Chair)
Martin Fairbairn, Non-Executive Board Member (V Chair)

Non Voting Members: Robert Clark, Employee Director, NHS Forth Valley

In Attendance: Ewan Murray, Chief Finance Officer
Lesley Fulford, IJB Standards Officer
Sandra Comrie, PA (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

Apologies:

Councillor Janine Rennie, Clackmannanshire Council
Narek Bido, Recovery Scotland

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. DRAFT MINUTE OF PREVIOUS MEETING HELD ON 18 September 2024

The draft minute of the previous meeting held on 18 September 2024 was approved, subject to the following amendments:

Robert Clark should be recorded as a non-voting member.

Add text to the 2nd bullet point on page 3, “which is in line with moderate internal audit good practice”

4. ACTION LOG

The Action Log was agreed.

5. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

None

6. INTERNAL AUDIT UPDATE – PROGRESS UPDATE

Mr Ewan Murray, Chief Finance Officer provided a verbal update.

Mr Murray and Councillor Earl met with Isabel Wright to discuss the progress on delivery of the 2024/25 internal audit plan.,. One draft report from the audit plan is with Mr Murray for comments in terms of factual accuracy and agreement of the management responses to recommendations. This will be concluded with the relevant officers and Mr Murray will discuss with the new Chief Officer, Joanna MacDonald, to ensure she is comfortable with the management responses.

Mr Murray will meet with Isabel Wright to discuss priorities, and a progress report on the internal audit plan will be brought to the new combined Committee on 19 February 2025.

Mr Fairbairn wanted to ensure that there would be a follow up conversation with Isabel Wright to establish what the requirements will be to achieve a clean annual internal audit report along with a progress report on the internal audit recommendations on the follow up work.

7. PROGRESS UPDATE ON ANNUAL AUDIT REPORT RECOMMENDATIONS

Mr Ewan Murray, Chief Finance Officer presented the Progress Update on Annual Audit Report Recommendations.

At the meeting on 18 September 2024, the Committee considered the Annual Audit Report and Deloitte's recommendations within the action plan and management responses. Mr Murray provided a progress report against the recommendations.

Mr Murray explained the planned approach to updating the medium-term financial outlook along with the 2025/26 revenue budget. He explained that the Scottish Government will not now publish a revised medium term financial strategy and medium term financial framework for health and social care until summer 2025 so the medium term financial plan may require further review and update at this point.

Councillor Earl questioned the risk rating rationale in the report as only the first two recommendations had a rating assigned. Mr Murray explained that Deloitte have changed their style of reporting, but the risk ratings should be updated on all the recommendations, he will update these.

The Committee discussed the calculations for recommendation 3 “Financial Sustainability – budget setting”, Mr Murray explained that the purpose and progress being made in progressing set aside budget arrangements that reflect a reasonably true reflection of consumption of the services by the respective partnership populations.

The Audit and Risk Committee:

- 1) Noted and drew assurance from the progress update on the recommendations contained within the 2023/24 Annual Audit Report.**

8. STRATEGIC RISK REGISTER

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register to the Committee.

Mr Murray confirmed that work continues to refine the Strategic Risk Register based on the restructured one which was reviewed at the meeting on 18 September 2024. This was also reviewed by the Health and Social Care Partnership Leadership Team on 27 September 2024, after which Mr Murray made some updates and amendments. Mr Murray provided an update on the strategic risks with changed risk scores, HSC 007, HSC 010 and HSC 011, and confirmed that the risks have reasonably changed, particularly HSC 007, taking account of the findings from the Joint Strategic Inspection.

Councillor Earl felt that risk HSC 007 required an explanation as to why the risk score has increased. The Committee discussed HSC 002 and questioned whether the cause and risk scoring was correct. They agreed that it should be reflected as an action to understand whether it's an external or internal concern.

Mr Fairbairn suggested that the use of the word “safety” for risk HSC 008 was incorrect and should be used in the title of risk 007 instead. It also required an explanation as to why it had a risk score of 5. Mr Murray will make amendments.

The Committee agreed that the format of the Strategic Risk Register was much clearer and acknowledged the work Mr Murray had put into achieving this.

The Audit and Risk Committee:

- 1) Reviewed, discussed and approved the Strategic Risk Register**
- 2) Noted that the full Strategic Risk Register will be presented to the next IJB meeting on 29 January 2025.**

**9. RELEVANT NATIONAL REPORTS:
Audit Scotland - Alcohol and Drug Services**

**Auditor General – Fiscal Sustainability and Reform in Scotland
Audit Scotland and Royal Society of Edinburgh – Public Service Reform in
Scotland: How do we turn Rhetoric into Reality?**

Mr Ewan Murray, Chief Finance Officer presented the reports to the Committee.

Mr Murray provided an overview of the reports in line with the Committees Terms of Reference. Since the meeting on 18 September 2024 there have been two key reports. The NHS Overview Report, which was published on 03 December 2024, will be brought to the new combined Committee in February 2025.

The Audit and Risk Committee:

- 1) Noted the reports and their direct relevance to the IJB and partners.**
- 2) Noted the key messages and recommendations from the reports.**

10. ANY OTHER COMPETENT BUSINESS

Mr Murray provided a brief update on external audit planning work, and confirmed Deloitte have a new Audit Director, Ian Howse.

Mr Murray has met with Mr Howse and raised the previous concerns about audit planning across the IJB and the constituent authorities, and the level of duplication. Mr Howse agreed to look at what can be done better without causing detriment to the work being carried out, which will hopefully have a positive impact going forward. He confirmed the external audit planning work had now commenced and the plan will be brought to the first meeting of the combined committee for consideration.

| IJB Attendance Record | | | | | |
|----------------------------|------------|------------|------------|------------|------------|
| Voting Members | | 02.10.2024 | 20.11.2024 | 29.01.2025 | 26.03.2025 |
| Councillor David Wilson | Chair | P | P | | |
| Allan Rennie | Vice Chair | P | P | | |
| Councillor Martha Benny | | P | P | | |
| Councillor Wendy Hamilton | | P | P | | |
| Councillor Janine Rennie | | P | P | | |
| Councillor Martin Earl | | P | P | | |
| Councillor Rosemary Fraser | | P | P | | |
| Fairbairn, Martin | | P | P | | |
| Johnston, Gordon | | P | P | | |
| McAllister, Stephen | | P | P | | |
| Stuart, John | | P | P | | |
| Non Voting Members | | | | | |
| Bido, Narek | | A | A | | |
| Brennan, Kathleen (Dr) | | P | P | | |
| Clark, Robert | | P | P | | |
| Clevett, Alan (SVE) | | P | P | | |
| Duncan, Helen | | A | A | | |
| Grassom, Michael (CSWO) | | P | P | | |
| Maguire, Helen | | P | P | | |
| Morris, Paul | | A | A | | |
| Morrison, Julie (Abigail) | | P | A | | |
| Murray, Andrew | | P | A | | |
| Murray, Ewan | | P | P | | |
| Robertson, Lorraine | | P | A | | |
| Wallace, Eileen | | P | P | | |
| Williams, David | | P | P | | |
| Robertson, Sharon (CSWO) | | P | A | | |
| Standards Officer | | | | | |
| Fulford, Lesley | | P | P | | |
| Attendees | | | | | |
| Forrest, Wendy | | P | A | | |